PUBLIC HEALTH NURSING

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PUBLIC HEALTH NURSING

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Birthday Acknowledgements

By THE EDITORS

We have had a very happy birthday, thank you! When we asked our readers to send in suggestions for the magazine, we pictured three or four letters, a few grumbles perhaps, and some constructive help. What we received and are still receiving, has been overwhelming! In the current slang of the day: "Is our face red!" It is. We never dreamed of such enthusiastic praise, we never hoped for such a countrywide response, we never counted on such splendid, constructive suggestions for improving the magazine as have poured into the office during the last few weeks. We want to thank every one of you warmly for the time and earnest consideration you have given our professional magazine. There is no excuse now for not knowing your needs, and our immediate effort for the rest of the year will be to try to follow as many of your ideas as possible.

We had hoped — and promised, ingeniously enough—to publish the best ideas coming in to us from Magazine Week activities. We would have to print an extra number! We have picked out just a few, and we can admit that we have suppressed the highly commendatory comments, feeling that modesty forbids their use. Furthermore, the editors wish to repeat here what they say constantly in correspondence and public speaking — if the magazine has improved, if it is meeting professional needs, it is because the N.O.P.H.N. staff, members both lay and nurse, and our readers all over the country have contributed so generously to its pages. It is very exceptional to have the editors' request for an article refused.

We start our report on suggestions with this contribution from the Magazine Committee of the Cincinnati (O.) Nursing Service of the Metropolitan Life Insurance Company:

To the Editors of

PUBLIC HEALTH NURSING MAGAZINE

HAPPY BIRTHDAY

The Cincinnati M.L.I.
Sends greetings, P.H.N.—
And we who care for low and high
Thank you who wield the pen.

We want to know what others do,
We need your inspiration,
And this we get,—plus what is new—
From your fine publication.

—Sarah Rardon.

One comment from the field we particularly liked. It was this: "One very satisfying thing about reading in this magazine is that you can believe what you read—it's official!" Some of the material in the magazine might be published by a commercial firm, it is true, some of it could be put out in another form by the N.O.P.H.N., but we believe nurses and board members do appreciate a professional publication backed by the authority of the N.O.P.H.N., and although we, like every other periodical, take no responsibility for the opinions expressed by authors, nor endorse all their statements, we make every effort to offer only sound information and sound principles and practices of public health nursing.

We believe, from the letters received, that there is still a little confusion in the minds of our readers as to the exact field of the PUBLIC HEALTH NURSING magazine. Several readers suggested articles on hospital techniques, treatments, new medication, laboratory tests, etc., etc. We make every effort to note developments, in what might be called the clinical, medical field *that affect public health nursing* (see published material on toxoid, undulant fever, salmon oil, health conference techniques, etc.) but we have a clear-cut agreement with the *American Journal of Nursing* that the clinical material related to the institutional and private duty nurse, the nursing techniques in hospital treatments, tests, procedures, etc., and all that relates to the education of the undergraduate in the school of nursing (aside from her public health nursing affiliation and lectures—an interest we share) belong to the field of the *Journal*.* The editors of both magazines are in constant touch, exchanging and discussing material, and attempting not to overlap or leave gaps in the professional material offered nurses in all fields.

Two correspondents remarked that they would feel woefully inadequate and uninformed if they were to return to a hospital ward today. Our reply is that if you think there is a chance of your returning to hospital service you must read your *American Journal of Nursing* regularly. Similarly, should the private duty nurse say to Miss Roberts "But I do not get from the *Journal* the accepted procedures in public health nursing nor do I know what is happening in this specialized field," Miss Roberts would advise her to read PUBLIC HEALTH NURSING. A very careful survey and estimate of both periodicals has shown that there is too much material to go into one monthly periodical. We have agreed to give you the best service we can by publishing two journals at cost** and by defining lines of coöperation to prevent—we repeat — duplications and omissions.

SOME OF THE DOZENS OF SUGGESTIONS

The following suggestions have had to be grouped. In many cases more than one individual or agency made the same suggestion. An asterisk indicates that the editors agree with the suggestion absolutely, but are limited by the budget from carrying it out at present!

1. Select a general subject and carry on a series of articles on it over several months, in this way presenting more complete information of wider scope than is possible in one article.
2. Table of contents transferred to first right hand page.
3. Advertising off the front cover.*
4. Persuade nurses as well as laymen to read the Board Members Forum.
5. More material for staff nurses—less detailed statistical reports.
6. Digests of longer articles and studies appearing elsewhere in the field in the manner of the "Reader's Digest."
7. More pictures, charts, diagrams, etc.*
8. Graphic interpretation of statistical material, pictures, charts.*
9. More articles in story form.

Suggestions for Future Articles—

10. The Federal Government — Relationship to state health activities.
11. More articles on coöperation of nurse and social worker.
12. Continue articles on social hygiene, stressing constructive local programs, giving the necessary material to develop the right attitude toward sex education.

*Articles for the undergraduate student nurse describing public health nursing *as a vocation* appear in the Journal.

**Joint subscription to these journals is only $4.50 a year.

13. More articles on maternal welfare.
14. More articles on food budgeting and nutrition.
15. More articles on the functions of a board and functions of committees.
16. More articles on orthopedic work.
17. More articles on dental hygiene.
18. Articles on state legislation in relation to public health nursing.
19. More articles on the nurse's own attitude toward her job from angle of mental hygiene and psychology.
20. Relationship of state, county and local public health nursing programs.
21. Article on bone tuberculosis in children.
22. Use of free time.
23. More mental hygiene.
24. More material for industrial nurses, present problems, health education opportunities, etc.
25. Community planning for health (article to show participation of all local health and social groups.)
26. What the community expects of the nurse.

COMMENTS FROM OUR READERS

We are glad to publish these comments from our readers on Dr. Nelson's article "The Function of the Nurse in the Social Hygiene Program."*

"I have read with much interest Dr. Nelson's article 'The Nurse in the Control of Gonorrhea and Syphilis' appearing in the April number of your magazine.

I have been greatly interested in this subject since 1919 and I am glad to see it so ably and clearly presented.

Your editorial comment that nursing agencies may take exception to Dr. Nelson's statement: 'The identity of the patient must never be divulged by the nurse, even to her agency,' raises a question of grave importance.

I interpret this statement as referring solely to the nurse dealing with the private case of a private physician. It in no way relates to the clinic, hospital, or Board of Health case.

Upon this premise two facts are at once apparent: first, that the nurse is responsible directly and solely to the private physician in regard to this particular patient; second, that the laws of privileged communication as applied to the physician, immediately become binding upon the nurse as his personal representative.

I have been privileged for the past year or more in my private practice to enjoy just such 'follow-up service' as Dr. Nelson describes. In what must be nearly a hundred cases I have had only one patient, a man, object to such service. This patient objected strenuously to my permitting a third person to become acquainted with his misfortune. I can readily see, however, if this publicity should be extended to a nursing agency, if an outside record should be made of such a case, and thereby become a public or semi-public document (by that I mean, placed in a file accessible to other members of such an organization) that such criticism would immediately arise as to defeat all benefits to be derived from the 'follow-up' efforts.

Furthermore, it would so weaken the confidence and privacy these patients desire in their physician that it would greatly impede effective treatment.

On the other hand, 'follow-up' on a clinic, hospital or Board of Health case, is an entirely different matter. Here the nurse is an integral part of the clinic, etc., organization, and no breach of confidence results from her coöperative effort with other staff members and the proper recording thereof.

I trust your magazine will continue to publish articles on this vital subject of gonorrhea and syphilis."

Harold L. Leland, M.D., Assistant Professor, Genito-Urinary Surgery, Boston University School of Medicine. Chief, Lowell (Mass.) Genito-Urinary Clinic.

"In the past PUBLIC HEALTH NURSING has given notable leadership in the field of social hygiene. Miss Crain's articles are virtually chapters for a text book on the subject. Dr. Nelson's contribution in the April number sets forth the important place a public health nurse must assume in the control of gonorrhoea and syphilis. The need for giving the patient correct and complete information concerning the diagnosis before he leaves the clinic and the emphasis upon contacts in case finding rather than sources of infection are points well taken and clearly elucidated.

*Published in April, 1933.

COMMENTS ON DR. NELSON'S ARTICLE

(Continued)

The follow-up of a private physician's cases by a private nursing agency is an activity that might be done on the basis of payment for time. In such a plan the nurse would be under the direction of the physician for that period and she would not necessarily report the cases dealt with to her agency. If, on the other hand the nurse were visiting a case in the usual way, I do not see how she could evade recording the diagnosis given by the physician. To do so would call attention to the situation and create more undesirable interest in it than if it were dealt with in the usual way. It seems paradoxical to speak of educating the worker and the public and at the same time to assume that even the workers are too uninformed to exercise discretion under such circumstances.

Where a "secrecy clause" is contained in the Sanitary Code it must be observed. The regulations governing this are outlined by and may always be obtained from the official health agency."

Edna L. Moore, R.N., Toronto, Canada.

"Dr. N. A. Nelson's article, 'The Nurse in the Control of Gonorrhea and Syphilis,' in April PUBLIC HEALTH NURSING, is filled with helpful and practical suggestions for guiding the public health nurse in making her contribution to the program for the control of these two diseases which constitute such a large problem in public health. We are especially grateful that Dr. Nelson emphasized the importance of people in general having a thorough knowledge of social hygiene in its broadest aspects. We are also grateful that he lays stress upon the doctor's responsibility for informing the patient of the nature of his disease and the program he must follow until he is reasonably sure he will not transmit the infection to others.

The follow-up of these patients for private physicians offers an important field for service which is practically untilled. Should such a coöperative scheme be entered into by a public health nursing association with private physicians, the nurse visiting the patient very rightly, should be the representative of the physician in charge of the case when making her contacts, but in stating that "the identity of the patient must never be divulged by the nurse even to her agency," Dr. Nelson perhaps has not realized that the records of a public health nursing association are considered confidential information and as such, are open only to those authorized to see them. In this respect, the ethical principles observed in a public health nursing association are the same as those observed in a hospital. If a patient suffering with gonorrhea or syphilis is admitted to a hospital for treatment, there is no question of concealing his identity. His name is given as a matter of record. The nurses coming in contact with him do not discuss his diagnosis with other patients or his friends. The same is equally true in a public health nursing agency.

One of the reasons a record is kept for a patient is to enable the nurse to give him more intelligent, individualized instruction, therefore it is our belief that the patient's interests will be served better if the nurse records the advice she gives him on each visit. The fact that this information is recorded and filed with a public health nursing agency does not mean that the patient's identity or diagnosis become public property."

Bettie W. McDanald
Superintendent, Public Health Nursing Association, Louisville, Ky.

For two important announcements, please see page 363.

The Industrial Nurse and Safety

By W. S. ASH, M.D.

IF you talk with any dyed-in-the-wool safety engineer he will tell you that all accidents are preventable, and on this assumption it might first appear that he should have the field to himself. It is an ideal objective and worthy of every effort toward its attainment.

However, in balancing the human equation we still have the human element, which is not utterly stable at all times. Industry is equipped with machinery which, in some instances, is entirely automatic and should never fail; yet, at the most unexpected and inconvenient moments it will falter and fail to perform according to schedule and expectation. How much more difficult is it, therefore, for the human machine, with its emotions and inhibitions and complexes, to function strictly according to Hoyle!

The "safety millennium" has not yet arrived, the safety engineer does not prevent all the accidents, and thus, with little fuss or blare, the medical service has become a rather important adjunct to the safety program, with the twofold task of helping materially in the prevention of accident and sickness and the alleviating of such happenings when they do unfortunately occur through the slipping of a cog in this human machine of ours. No more is there any controversy as to whether industry is interested in accident prevention and health preservation. Industry is sold on the idea completely. The niche for the industrial nurse is already made. How well she fills it depends almost entirely upon how effectively she recognizes her opportunities and carries out her responsibilities.

Aiding in the shortening of disability periods, preventing or minimizing infection and deformity, assisting in rehabilitation, are distinctly functions of the medical service.

Let us check some of the things which may place the nurse in a key position in safety work. Her approach may be considered from two angles: (1) the direct, where she ministers to the sick and injured and shares with the doctor the responsibility for the outcome; and (2) the indirect, or perhaps we should say the coöperative, in which she works with others to prevent or lessen the very things just mentioned. One overlaps the other frequently.

CONFIDENCE THE FIRST ESSENTIAL

Perhaps the most important contribution the nurse can make to safety is in providing a service in which both management and employee have the utmost confidence—a confidence based on the actual experience of something that has been tried and found not wanting at the crucial moment. Are you doing everything to make this possible? There is no short cut, no fixed set of rules, but without it the safety structure, as far as the nurse is concerned, is built on shifting sands—there is no stability.

A feeling on the part of the nurse that she is in congenial surroundings and engaged in work which furnishes an outlet for her professional training is a primary step. It is difficult to communicate enthusiasm for a cause to others unless you actually feel enthusiastic yourself.

There is no doubt whatever that a tactful, sympathetic nurse who treats human beings as human beings and not as mere atoms before some holier-than-thou personage is to be desired in preference to the best and neatest bandager in the universe who is snippy and "high hat." The quickest way to depreciate your own stock is to assume that air of superiority which seems to tell the patient that it is a condescension on your part even to notice him. On the other hand, skilful ministrations to the most trifling injuries, an attentive ear to the seemingly trivial, and the power of observation as to causes back of injury or

sickness, will build up a mighty good will that instils confidence. Even the most lowly and ignorant of your patients will sense your gentleness and sympathy. This does not mean that you should be a spouting geyser of sympathy. There is moderation in all things. Also, never let haste or temperament upset your poise, no matter what the provocation; neither should you be hard boiled. You are not selling a production item; all you have to sell is service. Make it the best!

A FRIENDLY ATMOSPHERE

I like to talk of the atmosphere of the plant hospital—not the smell of ether or antiseptics, but that intangible something which makes or mars a satisfactory professional service. Whatever this atmosphere is—friendly or cold—the burden of its influence rests squarely upon the shoulders of the personnel. Whatever measure of good we do depends largely upon our own efforts and our ability to see where we fit into the scheme of things as it is shaped to our particular plant. Don't be "just another industrial nurse." It has been said so many times that people in industry today are only cogs in the wheels of a great impersonal gear system, but the fact still remains that the system is no stronger than the weakest cog. There is plenty of room for individual effort, with proper recognition as a reward. Industrial nursing has no place for the clock watcher or the seeker after a soft job.

Whatever service is rendered by the nursing staff should be accepted voluntarily, its value being apparent to the recipient. The sooner the worker accepts the medical department as a place to which he *wants* to go rather than a place where he *must* go, just that much sooner the medical service becomes a definitely valuable part of the safety organization. Our thoughts need not go back over so many years to recall the somewhat unenviable position of the doctor and nurse in industry. We were something to be tolerated, but not especially welcomed. Largely through work of clearly demonstrated value we have traveled far in those few intervening years since the doctor and nurse were presumably persons upon whom even their own colleagues frowned. With the factory hospital today occupying clean, decent, accessible quarters instead of some dirty, out-of-the-way corner, once considered "good enough", the personnel cannot help feeling a sincere desire to be on its toes and living up to the high standard set for it.

A COMMUNITY SERVICE

With the workers' confidence established a vast field looms up, its ramifications extending not only into the immediate shop surroundings but out into the homes and the community at large. It is important that we see the need of health and right living in the homes of workers, and that we are to a great extent responsible for community health and safety because of the large number of people who are grouped under the roof of our plant. Contagious disease may often be nipped in the bud by our whole-hearted coöperation with the local health authorities.

THE HUMAN ELEMENT

Safety originally concerned itself chiefly with mechanical adjustments; with the placing of guards over the plainly evident dangerous spots. That work has been finished to a great degree except as new equipment is set up and tried out. Dangerous spots continue to exist, however; but the field is now the human, not the mechanical element. Where is there a more fertile field for the alert nurse? Dealing with this human equation is intriguing in itself. Do you realize that you as a nurse are a well defined factor in making a man "safety conscious" without his being aware of it? It may sound paradoxical, but you can help him by directing his mental processes so that he performs his duties safely and efficiently without having to ask himself every time which is the safe or the efficient way. Call it mental hygiene, psychology, or what you will, but the results will speak for themselves.

Don't treat lightly the man who wants to talk about his domestic rela-

tions, who wants to ask about the tonsil operation on little Jimmie, who wonders if vaccination really is a good thing, etc.—subjects which at the moment may seem to you far removed from safety. Never forget, however, that the employee with a mind at ease is a safe worker, other things being equal. You will run across the fellow who has a grievance, real or imaginary, against his foreman, against the company, against his fellow employee, or even the world in general. If this chap has a place where he can give vent to his feelings, it furnishes him with a safety valve for pent up emotions. Merely being able to talk to someone who will lend an ear means a lot to him. Listen attentively to these employees; you can aid greatly in sending them back to work in a comfortable frame of mind.

Nowhere do the little things count more than they do in a nurse's work in industry. It is the total of these selfsame little things which sooner or later may change the entire picture. The good nurse is constantly alert to these trivial affairs. How can a bandage be best applied when the owner of the injured finger works in oil? Why give a dozen headache tablets when a half dozen is more than ample? Better still, why not find out what is causing the headache? Why do some employees seem to be "repeaters"? Are they accident prone? Is it the job or the individual? Should the nurse bother to look beyond the immediate injury or sickness to see the background of causative factors? Thoughts of this type are constantly running through the mind of the industrial nurse. Her alertness in seeing beneath the more obvious signs determines whether she is a worthwhile investment or whether she is just "another finger wrapper." She is in a position to make observations which do not always come within the province of others. She sees the employee when he is at his best, and she often sees him at his worst. She sees him when he wants to talk about everything under the sun, and she sees him when he is glum and discouraged. If the foundation of confidence has been well laid she learns the worker's true viewpoint, when he may be only a "yes, yes" man to those in authority.

A COOPERATIVE VENTURE

Coöperation and coördination have become so generally associated with every safety discussion that one wonders if familiarity breeds contempt for the term and all it implies. It is a fact, nevertheless, that no worthwhile safety movement is a one man picture. It is a composite development of many ideas and many efforts; a result of the spirit engendered by a desire to see our humanitarian instincts translated into concrete action. Selfish desire for the limelight has no place in safety effort. Several centuries ago an industrious and observant monk made the pointed remark that a person might do much good in the world if he were not too particular as to where the credit was placed. This is just as true and fitting today as when it was uttered centuries ago by that worthy religious man.

It may seem unduly idealistic to ask that self be submerged for the good of many. It is true that ideals vary with individuals, and an ideal is a goal seldom reached, but is that not true in all phases of life experience? It is essentially basic that every member of the nursing profession should be desirous of rendering a service to mankind, otherwise we are following false gods.

In these days of haste and hurry and efficiency there are some who question whether the human element has not been lost sight of. Actually, there is greater need than ever for the conservation of this human element, and industry is not unmindful of the problems presented. It is depending on the doctor and the nurse to an unusual degree to keep this human machine functioning safely and efficiently and economically.

Through her nursing associations, her journals and new books she should keep abreast of the progress being made in her profession. Equally important in industry is it that the nurse should have first hand information about the processes about her. She should know her factory. To do this she must get

out in the plant; learn first hand what a punch press, a boring mill, or a lathe, is. Where chemical processes are involved, learn something about their effect upon the human body—where are acids used, where alkalis. She is thus better able to visualize the problems of those who come to her for help. Nor, as she journeys around the shop, need she be blind to the ventilation, the heating, the plumbing, etc.

Her observations and suggestions, when founded on fact, are certainly entitled to respectful consideration by the management; her views should have material weight in shaping safety programs. The doctor, the safety engineer, the personnel director, and the nurse, working together and exchanging views and ideas, looking toward the safety goal rather than toward personal advancement, make a bulwark for safety that is well nigh impregnable.

The right kind of safety organization functions smoothly; the medical department should do no less. Case records should be informative but not too voluminous. Redressings should be handled in an orderly manner so that the men do not have to wait.

There has been some discussion as to whether economy has a place in a safety program. Certainly it has. Simply because the boss says he wants safety at any cost, it does not follow that he means you should consider the sky as the limit of your budget. It was easy enough once upon a time to say "the management pays" and let it go at that, but nowadays the management wants to know "why it pays". The nurse should be prepared to explain why so much tape, or bandages, or gauze are needed. It does no harm to know the comparative costs in other plants. The factory manager is not sneezing at economy.

THE SAFETY COMMITTEE

Can a nurse be of assistance to the Safety Committee? Indeed she can, and in more ways than simply caring for the injured or making suggestions to management. Her activities where Safety Committees are concerned should not be passive. She has first hand information about a lot of safety angles and she should have an opportunity to present them. She can not only meet with committees in conference but she should not hesitate to do a bit of speech-making when the time appears opportune. If we want to know something about our product we ask the production man; if we want to know how our equipment is kept up we seek out the maintenance man; why not then, have the nurse give her views about the medical aspects of safety? She can cite case examples; she can tell what is going on in other lines of industry; but better yet, she can show the actual results of her work. In the presentation of her views there is perhaps just one word of caution, and that is: Use the language of your audience; don't go over their heads with a lot of technical terms which are Greek to them.

And last, but not least, never forget that the ethics of the medical and nursing professions apply to work in industry as well as on the outside. If you have built up the confidence which we touched upon a while ago there will be no need for concern about ethics. The employee will know that you can keep your mouth shut and he will respect you for it. The management will not ask you to divulge things you have received in confidence.

The nurse of most value to industry is one who can take the occasional jibes and jeers which come her way; she must be willing to coöperate with others, even beyond the fifty-fifty basis; she must see beyond the immediate injury and sickness and visualize the background; she should have some knowledge of compensation and insurance; she must be both sympathetic and firm, willing to get a detached view of both the employee's and the company's attitude; she must be able to marshall facts to back up her suggestions to management; she must feel that there is something more than the monthly pay check—she must have an ingrained feeling that she is serving her fellow man, which, after all, is one of the biggest jobs there is.

Does it sound idealistic? So be it, but it is an ideal worthy of every effort.

Twenty Years of County Public Health Nursing in Ohio*

By ROBERT G. PATERSON, Ph.D.

AFTER a period of twenty years has elapsed, it would seem appropriate to inquire into the actual experience in the field of county public health nursing in Ohio.**

Does a critical analysis of the records show continuous improvement over the years in the quantity and quality of the services which county public health nurses contribute to the public health program of the state? We are immediately concerned with questions of personnel: Has the number of nurses increased or decreased; what has been their average terms of office in one position; what were the professional qualifications of those employed and by whom were they employed? The experience of Ohio on these points covering the years 1911-1930 is presented in this discussion. The material is based upon information derived from 440 or 76.1 percent of all the nurses employed in county public health nursing. Credentials of one-fourth of the nurses are not on file with the State Department of Health.

In the two decades, 1911-1920 and 1921-1930, there may be discerned three distinct phases in the development of the work:

(1) We may designate 1911 to 1920 as the pioneer period of experimentation.
(2) 1921 to 1925 may be characterized as the period of integration of public health nursing as a legal entity in the public health program of the state.
(3) 1926-1930 was the period of consolidation of the results of the two preceding periods.

PERIOD OF EXPERIMENTATION, 1911-1920

Prior to the year 1911 there is no record of any county public health nursing service in Ohio. In that year, there is recorded the establishment of two such services—one in Jefferson County and one in Ross County.

During the next year, 1912, the Ohio Society for the Prevention of Tuberculosis began a state-wide program for the employment of county nurses to deal with the problem of tuberculosis.

In the year 1913, the position of state supervising nurse was created in the Division of Tuberculosis of the State Board of Health and the General Assembly of Ohio passed two laws—one giving medical superintendents of tuberculosis hospitals and one giving local boards of education permissive authority to employ nurses.† A further change was made in the status of public health nursing in the State Board of Health when a bureau of public health nursing was established in 1915.

With the enactment of the Hughes-Griswold law in 1919, local county health units were established in 1920 throughout the state and for the first time in Ohio law, specific authority was granted local boards of health to employ public health nurses. Since then the growth in numbers both of employing units and nurses has been very rapid.

PERIOD OF INTEGRATION, 1921-1925

One of the provisions of the Hughes-Griswold law was to grant a subsidy from the state to local units. This subsidy specified that it was to be used toward the salary account of health commissioner, public health nurse and clerk. The amount granted was one-half the annual total salaries of these

*Based upon a study made by Mrs. Bernadine Allison Fouch, B.Sc., M.A., and presented to the Ohio State University in partial fulfillment for the degree of Master of Arts in the School of Social Administration—1932.

**Experience in the cities of Ohio is *not* included in this discussion.

†For more complete details of the state public health nursing work see Thirty-first Report—Department of Health of Ohio, 1915-1929, pp. 125-134 incl.

three employees and the maximum annual contribution by the state for this purpose was fixed at $2,000.00.

Immediately, the expansion of public health nursing services became almost automatic. The pressure of work on the state bureau became enormous and so irresistible that an independent Division of Public Health Nursing was established in the Department of Health of Ohio in 1923.* The problem in this period was to find the necessary number of qualified nurses to fill the positions.

PERIOD OF CONSOLIDATION, 1926-1930

By the end of 1925 the acute problems created by the changed basis of local health organization and administration had been met and solved. The period of consolidation may be said to have set in and a more careful selection of public health nurses established as a policy. New positions were fewer in number and resignations became relatively slower as the necessary adjustments of the local nurses were made.

PUBLIC HEALTH NURSING IN ACTION

Consideration may now be given to the actual experience of public health nursing throughout the state.

Increase in number of nurses: A study of the records discloses a yearly average of 28.9 appointments over the twenty year period 1911-1930. In the period 1911-1920, there were 128 appointments in 59 counties; from 1921-1925, there were 240 appointments in 67 counties; and, from 1926-1930, there were 210 appointments in 73 counties making a grand total of 578 appointments in 85 counties out of a total of 88 counties in the state.

The counteracting factor of resignations shows that there were a total of 422 resignations during the twenty-year period divided 69 in the first ten-year period; 181 in the next five-year period and 172 in the last five-year period.

NUMBER OF COUNTY PUBLIC HEALTH NURSES APPOINTED IN OHIO, EACH YEAR, 1911-1930, BY EMPLOYING AGENCY

	Public					Private				
Year	Board of Health	Bd. of Edu.	Co. Com.	Tbc. Hosp.	Total	P.H.L.	Red Cross	Other	Total	Total
1911	1	....	....	....	1	1	....	....	1	2
1912	....	....	....	....	....	....	....	....	....	....
1913	....	....	1	1	2	3	....	....	3	5
1914	3	....	1	....	4	3	....	....	3	7
1915	2	....	3	....	5	4	....	....	4	9
1916	2	1	1	1	5	2	....	1	3	8
1917	2	....	3	....	5	3	....	2	5	10
1918	2	....	2	....	4	2	....	1	3	7
1919	3	3	1	....	7	2	8	....	10	17
1920	48	1	1	....	50	1	12	....	13	63
1921	43	1	1	....	45	4	5	1	10	55
1922	41	1	1	....	43	2	4	3	9	52
1923	34	2	....	....	36	4	....	1	5	41
1924	23	....	1	....	24	3	3	2	8	32
1925	47	1	1	....	49	4	6	1	11	60
1926	31	2	....	....	33	1	....	3	4	37
1927	36	....	2	....	38	3	1	5	9	47
1928	34	1	2	....	37	8	2	7	17	54
1929	38	....	2	....	40	8	....	1	9	49
1930	14	....	1	....	15	4	....	4	8	23
Total 1911-1930	404	13	24	2	443	62	41	32	135	578

The total numbe: of county public health nurses in service in Ohio during this twenty-year period was 1,699; divided: 231 from 1911-1920; 637 from 1921-1925; and 831 from 1926-1930. Expressed in another way, there were 19 nurse months in 1911 which had increased to 1,789 nurse months in 1930. The grand total of nurse months in the twenty years is 15,984. (See table).

Age of the Nurses: The inquiry revealed that most of the nurses were appointed between the ages of 25 and

*Abolished and merged with the Bureau of Local Organization in January, 1931.

35 years; that most resignations occurred among the nurses who were under 35 years of age when appointed; that most of the nurses in service each year were under 35 years of age; and the average age of nurses in service each year was 34.5 years.

Length of Tenure of Nurses: By "length of tenure" is meant the number of years a nurse remained employed in one position. More of the nurses who resigned held their positions one year but less than two years than any other length of tenure. Over one-half of the resignations occurred in less than one year; over two-thirds occurred in less than two years after appointment; over four-fifths of the resignations occurred in less than three years; and it was very rare for a nurse to remain in one position for as long as five years. The study also brought out the fact that nurses employed by private agencies held their positions for a shorter period than those in the public services. The turnover among the nurses who were college graduates was more rapid than among those who were high school graduates.

Of the nurses who were in service in 1930, 25.6 percent had been employed in their positions less than one year; 46.7 percent had served at least one year but had not completed a five-year term of service, and 27.7 percent had been in the same position five years or longer. Most of the nurses were between 20 and 29 years of age when they were appointed. The majority were employed by public agencies; were high school graduates and registered nurses without post-graduate public health nursing training.

Qualifications of the Nurses: The qualifications of the county public health nurses in Ohio are of two types: educational and professional. A study of educational qualifications showed that 3 percent were not grammar school graduates; 28.7 percent were grammar school graduates; 59.9 percent were high school graduates; and 8.4 percent were college graduates.

The review of professional qualifications revealed that 12.5 percent were registered nurses with post-graduate training; 79.6 percent were registered nurses without post-graduate training; 7.0 percent were graduate nurses but not registered; and 0.9 percent were not graduate nurses but "practical nurses."

An interesting conclusion from this study of qualifications was that the nurses in service each year were better qualified, both educationally and professionally, in the last ten-year period than were those in the first ten-year period.

Employing Agency: Agencies employing public health nurses in Ohio are of two types, public and private. The class "public agencies" includes all those organizations which are supported by taxation; and the class "private agencies" includes all organizations which are supported by private funds. During the entire period 1911-1930, appointments are shown to be divided between public agencies 80.9 percent, and private agencies 19.1 percent. The largest proportion of nurses employed by private agencies was in the first ten-year period 1911-1920, when the figure was 29.3 percent for private agencies as against 9.9 percent for public agencies; in the period 1921-1925 the corresponding figures were 32.4 percent and 38.7 percent; and in the period 1926-1930 the figures were 38.3 percent and 51.4 percent.

CONCLUSIONS

The picture of county public health nursing in Ohio presented by a statistical analysis of 440 or 76.1 percent of the credentials of nurses on file with the Department of Health of Ohio covering a twenty-year period 1911-1930, shows the increase in nursing services as gradual from 1911-1920 and very rapid from 1921-1930; that most nurses were appointed between the ages of 25 and 35; that most of the resignations occurred among those nurses who were under 35 years of age when appointed; that most of the nurses in service were under 35 years of age; that most of those who resigned during the twenty-year period held their positions one year but less than two years; that most of them were high school graduates,

registered nurses without post-graduate training; and that they are employed largely by public agencies.

It seems clear, if the main contribution of the public health nurse to the public health program in Ohio is granted to be the employment of her education and professional qualifications in the technic of education, that her tenure of office is scarcely of sufficient length to enable her to produce maximum results in her county program.

Furthermore, there is no law in Ohio to maintain standards for the educational qualifications of public health nurses and such a law would be highly desirable.

Finally, some regulation should cover the point that *all* public health nurses in Ohio should file credentials with the State Department of Health and that such filing should be a basic requirement for appointment by a local board of health.

How to Apply for a Job

By ANNA L. TITTMAN, R.N.
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That this article was written upon the request of a director of a public health nursing service through whose office pass annually the applications of hundreds of nurses, gives evidence of the need for it. It concludes Miss Tittman's series.

APPARENTLY, too much regarding the technique of applying for a public health nursing job has been taken for granted, as is often the case in matters so elemental as to seem obvious. Failure to "clinch" a job for which the candidate is essentially qualified with regard to the three factors—preparation, competency, and personality — may lie in very simple matters pertaining to the kind of contact.

The old method of waiting until one is sought has been decently interred, and the professional ethics that once prohibited deliberate and straightforward applying for a job have been relegated to the past. The job-seeker engages in a race with no less than nine competitors for every job (a present-day average in public health nursing). Aids in giving the candidate a running start may be found in this primer of precepts.

A RUNNING START—ADOPTING THE RIGHT ATTITUDE

Granting that the individual's foundation (changing the analogy) has been so thorough as to have withstood the test of initial experience, it must be remembered that the prospective employer views the whole structure analytically and compositely. Not only does he scrutinize preparation for the job, but the balance, poise, approach and relationship of an individual to others.

Difficult as it may be in these distraught days, it is of utmost importance for the job seeker to assume the right psychology. This psychology is akin to that of salesmanship. Underselling the commodity is as bad as overselling it. The middle course includes unswerving confidence in oneself, yet no display of self-boosting that borders on "pseudo-smartness." Occasionally we find that a worker assumes an apologetic attitude—"I have never had to apply for a job before." Such a statement may denote lack of enterprise—it certainly indicates weakness somewhere. It irritates the employer for whose favorable consideration a bid is being made. Worst of all, it reacts badly upon the candidate herself. Theodore Roosevelt gave us a homely recipe for success that runs something like this:

"Put the back of your neck against your collar,
Look all men in the face as if they owed you a dollar."

One is wise in "putting the best foot foremost" and even in adopting the famous "Lionel Barrymore smile" in the film "Looking Forward." Keeping fit

physically and mentally helps to keep one fit emotionally and vice versa. The triple alliance of these qualities goes far toward the coveted chance to work. Worry, self-pity, lack of assurance, and fear are toxic, with consequent loss of sleep and failure of appetite. They reflect in the face, the posture, the manner, the step, the speech, and the result is failure to make a favorable impression. They paralyze the ability to drive a bargain home. Nor should despair too easily follow rejection. The experience may perfect the skill for applying for the next vacancy. It is the kind of gold that may be honorably hoarded. It is something of a distinction today to secure an appointment.

FILING AN APPLICATION

Generally speaking, there seems to be no correlation between an individual's education and her ability to make out a clear, neat, legible, formal application, with the specific information requested inscribed in the spaces designated for that purpose. A grammar school graduate may present, and often does, a more readable and accurate form than a college graduate. A neatly printed or typewritten form is usually the most acceptable, although the handwriting and diction of the candidate in an accompanying letter has its definite uses. Applications often show extreme carelessness in their baldness of error, as in giving the date of birth as 1812 when 1912 is intended, in giving inadequate data, or in cluttering the form with non-essential detail. The manner in which an application blank is made out is likely to be a forecast of the kind of records that an individual will keep in an employing organization.

MAKING A GOOD IMPRESSION AT THE INTERVIEW

Need we stress the importance of always making an appointment in advance for the personal interview? Yes, "dropping in" is still being done, but is a bad start to make with a busy employer, who knows that the dentist's and the hairdresser's system of requiring appointments is honored by the same people who apply to him for work. Rapport is not so readily established between interviewer and interviewee if this point is ignored. We know of one nurse who arranged for time off and drove from a midwest state to an eastern one for an interview, without taking the precaution of knowing whether the employer would be available or when, or letting the agency know her plans. Moreover, it is important to be prompt, no matter if the applicant is the one kept waiting. The personal interview is demanded today more than ever before and being businesslike in this particular predisposes the employer in the candidate's favor.

When the supply of workers is great and the jobs few, the employer is much more discriminating and has only to close his eyes to visualize countless suitable round pegs for round holes, but he does not close his eyes to the personal appearance of those he interviews. Cleanliness and neatness are the first essentials. A healthful complexion, free from too much powder and paint is an asset, as is also good taste in dress, meaning soberness and modishness combined, and a selection suitable to the style of the particular individual and to her age. Natural neatness versus "slicked-upedness" is generally readily detected. Perhaps some of this advice may be misplaced since it is our experience that the vast majority of nurses make a favorable impression from the standpoint of personal appearance. A pleasant expression makes the right impression. A radiant or an engaging smile has indescribable value. It can be cultivated. It generally emanates from right attitudes and a good dentist! A mask is easily discerned.

Directness of speech indicates clear thinking. This, combined with clarity of enunciation and the proper pitch and range of voice, may be developed. They impress an employer. A tedious voice makes a tired listener. Studying the employer as he studies the candidate leads to judgment as to where to begin and where to leave off in a conference. Generalities and non-essentials do not go over at all well. We know of one nurse who lost her chance because she talked

continuously about herself in a "see what a great boy am I" fashion, although her complete record of achievement had preceded her. Not one word of inquiry from her regarding the program of the organization with which she hoped to affiliate! Still another put the prospective employer through such an inquisition that the impression she left was one of "what do I get out of this," not "what may I contribute." Yet another was rejected because she said nothing at all. "Too retiring" was the verdict, despite her fine record. What then? Sticking to essentials and covering them and avoiding the personal element as much as possible!

Poise and graciousness of manner make up for a score of minor defects. However, trading on one's personality is equally as bad as showing that one is awe stricken. The former arouses interest, the latter sympathy, but neither inspires confidence. Moreover, standing on one's own record and personality is a far better approach than to go armed with prestige letters of introduction or to advance well flanked by influential interceders. We are reminded of the story of the much depleted-looking pedestrian who approached the street cleaner with the question "How does one get those good garbage-collecting jobs?" The answer, "Influence my dear man, influence!"

WHAT KIND OF LETTERS?

Often an important phase in the quest for work is conducted through written negotiations. Herein lies an opportunity to hew the path toward further consideration. Whether the contact has been made directly by the candidate or established for her by her vocational service, the rules are the same. The vocational agency may not always have been given the privilege of notifying the registrant because the position is confidential. When this is the case the candidate's record may be sent to the prospective employer before the candidate is notified. When she is notified, however, she is specifically advised whether she is to await the employer's approach or write to him. Such letters should be distinctly written, not too long, not too short—one page typewritten is generally best, and may possibly be accompanied by a well-taken, unmounted, conservative photograph—above all things, not one in evening dress. There is the almost unbelievable instance of the nurse who wrote to the chairman of a rural nursing committee on a leaf torn from her college notebook! Even in these days of popularity of postcards, the scribbled postal inquiry regarding a job or telling of one's interest in it, doesn't indicate good taste, discretion, or real interest to the employer. As in speech, clarity of diction and specific information, formality that isn't too formal, and words assembled so as to show thought behind them, may put the candidate at the head of the race.

TAKING ADVANTAGE OF EVERY CHANCE

Since residence in a locality now gives one so much prestige for employment, it is wise to make local contacts, if for nothing more than to get on a waiting list. Watching carefully for civil service examination announcements and following them up, is useful. Keeping busy at something, though it be entirely outside the chosen field, helps the morale and always impresses a future employer most favorably. Although it was ten years ago that Aaron Sapiro uttered the dictum "If you want a good worker, you will find him in a job," this is relatively true today, though the job be washing somebody's baby, sewing a seam, or selling cheese.

HOW CAN A VOCATIONAL AGENCY HELP?

The technique of job hunting requires a well worked out plan with adaptations all along the line. Letting a vocational agency act as the guardian of one's record is the first essential. Keeping that agency informed of the status of availability and changes of address and items to be added, the second. Immediately following up all leads and promptly answering each communication from an employer, whether interested in his opening or not, the third. Not letting oneself slump should be constant self-counsel. Nurses are to be congratulated on the grand spirit they have main-

tained throughout this current ordeal.

The value of registering with a vocational agency, preferably one specializing in the individual's field of interest and one endorsed and sponsored by her profession, is undisputed, even in times of great scarcity of vacancies and increase of available nurses. Public health nurses are fortunate in having had their own vocational service since 1912. This service, sponsored by the N.O.P.H.N., which now functions through Joint Vocational Service for Social Workers and Public Health Nurses, provides a central depository for professional records and serves as the clearing house between employer and candidate on a national basis. Registering with a professional agency carries with it the services of vocational counseling, interpretation of prevailing personnel practices, trends and resources, and establishes, if possible, contact with organizations which have the kind of position for which the qualifications indicate fitness.

When a contact that results in a placement is initiated by J.V.S., a fee of one week's salary is charged, payable two months from the date of going on duty, or 5% of a salary for a temporary position of three months or less. The foresighted public health nurse has her record compiled by J.V.S. long before she sees the handwriting on the wall and this record may be easily brought up to date by the addition of references from the most recent employers (these are of prime importance), newly acquired state registrations, education, interests and preferences. No fee is charged for compiling this confidential record. It is sent out upon the candidate's request or that of the employer, also without charge, although nurses, quite unsolicited, have often made voluntary contributions for the service thus received. Such requests are usually complied with upon the date of their receipt, and a job has often been secured by the nurse whose complete history was the first to reach the prospective employer. The prevailing policy permits the exchange of such records with other agencies organized on the same basis as J.V.S.—that is, non-profit making — established under professional sponsorship. It is so much simpler to say, "My record is on file with J.V.S.," than repeatedly to write long, detailed accounts of one's preparation and experience whenever a contact is made with a possible employer. Moreover, time, energy, and the good will of past employers are saved in eliminating duplication in the writing of references.

USE OF THE PROFESSIONAL RECORD

The record is intended to be a professional portrait, showing as true a picture as possible of assets and liabilities. The old method of expecting the candidate to carry about with her a portfolio of "characters" has long since been discarded. Moreover, references collected directly from past employers and schools, from whom frank, objective appraisals are requested, carry more prestige with those who read them. Common courtesy demands that the candidate inform the person whose name is given as a reference that his name has been given and this may even insure a swifter answer to the request. One reference on each position is generally quite adequate and this should be from the head of the organization. Some candidates fail to appreciate the advantage in having their record not over-lengthy as to references through which the busy employer may be unwilling to wade. A long list of references on each job leaves the agency little basis as to selection of the most essential.

Present employers are never requested to provide a reference until the candidate gives permission, allowing her time and opportunity to discuss with her director, as she is generally advised to do, her motive in registering for a new job. Rarely is referral to a position made without reference to one's most recent work, since it usually gives the best account of the worker's present ability.

Plotting the course throughout for the race adds greatly to equestrian skill in job seeking and job finding.

Presidential Pilgrimage

Constant readers of the magazine may remember that in 1927 (*May*) *we published a description of the treatments for infantile paralysis cases being carried on in the mineral waters at Warm Springs, Georgia. Little did we realize then, in speaking of "Mr." Franklin D. Roosevelt's interest and successful treatments in the ever-warm waters there, that he would one day be President of the United States and Warm Springs a nationally-known resort. From Miss Madeleine Revell, who is at present at Warm Springs, we have received a description of how the Warm Springs patients enjoyed the inauguration of their famous fellow-patient.*

"ON the morning of March 2 the small station of Warm Springs was a-flutter with excitement—the occasion, the departure of a special train for Washington. Each patient had received a separate invitation 'to attend and participate' in the Inauguration of Franklin D. Roosevelt. Twenty of them

At Warm Springs in 1927

were able to make the journey and they were joined later by other former patients in Washington.

So gay and enthusiastic were they, though none of them was independent of wheel-chair or brace or crutch or cane, one forgot that handicap, as they responded from the departing train, to the cheers and farewells of the crowd. That crowd, black and white, had gathered from the Inn, the cottages throughout the Foundation and the village, to bid them Godspeed. The two compartment cars which the patients occupied served as their hotel during the two days they were in Washington.

Arrangements had been made for their attending a reception given for the governors of the states at the Pan-American Building on Friday evening, and seats had been engaged for the Inaugural Parade. They had been invited to attend a reception at the White House and there, in the Red Room which had been allotted to them, the contingent gathered late on Saturday afternoon and were regaled with much needed refreshments!

Presently Mrs. Roosevelt, an intimate friend of some of the party, came in and shook hands with each member of it. Then directly after Mr. Roosevelt had sworn in his cabinet, he himself appeared, stood in the doorway, smiled his delightful smile and exclaimed 'This is the best part of the Inauguration.' He then thanked them for coming and said he hoped he would see them all before long at Warm Springs.

That night the contingent left Washington—crusaders all—rejoicing in the triumph of their most distinguished Polio-Crusader, President Franklin D. Roosevelt."

Ironing Out Mrs. Maddox's Troubles

Do you recognize them—the gossipy neighbor, the tired expectant mother, the chronic invalid, the disorganized household and undisciplined child? Altogether they make a problem which has kept many a nurse awake at night. This story comes to us from a member of a large public health nursing association. We believe it reveals successful and constructive handling of a baffling situation.

MRS. MADDOX had reached the point where a listening ear was a necessity. In the next yard lived the most experienced one in the neighborhood accompanied by unlimited leisure and an amazing curiosity concerning the private lives of all Mound Street. The day was sunny, and a breath of spring had penetrated even the dirt and grime of this obscure dark street. The back fence between the yards was soon occupied by the respective arms of the two neighbors—Mrs. Maddox's thin, blue and nervous; Mrs. Eichelberger's fat, red and comfortable.

"You look tired, honey. What's he been doin' to you now?" Mrs. Eichelberger believed in suggestion and was usually successful.

"'Taint only him, Mrs. Eichelberger—it's everything. Ma's worse today and so cranky I can't do anything right. She wouldn't leave me go out with Jim last night and that made him mad. He wanted to go to a show, and when I had to stay with Ma, he came home drunk about two A. M. Goodness knows where he was."

Mrs. Maddox laid her curly head on the willing shoulder of Mrs. Eichelberger, who did her best to stop the flood of tears which threatened to interrupt the course of the narrative.

"He was down at the store with my man," said Mrs. Eichelberger. "Ed Jones got some 'white mule' from a river boat yesterday and half the men on the block went to work with a headache this morning."

"That ain't all, either," sighed Mrs. Maddox. "I think I'm in the family way again, and I feel like I just can't go through with it with Ma like she is and all; and then yesterday Rosemary brought home a card from the teacher that she's too thin and needs her tonsils out. I know she ought to eat more, but I don't have time to cook like I should. Pa's such a lot of trouble, too—always crabby when Rosemary wakes him up. I wish he could get a job day times and sleep nights."

Mrs. Eichelberger's eyes glittered and her sympathy became more pronounced as the story increased in interest.

"Poor girl, don't you have it tough—so young and all. You haven't got the luck I had. When I was your age, I was stepping out with Heiny every evening to beer gardens and band concerts and such. You might put your Ma in the hospital, dearie. Look at the good care they gave Mrs. Kochek."

Mrs. Maddox shook her head. "You don't know Ma. She'd die first, and she says she took care of me and put up with Pa for years, and now she's got something coming to her."

"And believe me, she's getting it," murmured her neighbor, as Mrs. Maddox hurried into the house in response to a sharp call from the window. "Some people don't have any luck," she sighed, leaning luxuriously on the fence, enjoying the sunshine. Her wandering gaze soon became fixed on a uniformed figure climbing up the long flight of steps of an adjoining tenement. "There's the Nurse. She won't have to make that trip much more; Mrs. Kochek's done fine. I wonder now—Nurse," she called, "stop in here on the way down. I got another patient for you."

In a few moments the nurse was sitting behind the geraniums in Mrs. Eichelberger's shining kitchen window, listening to the story of Mrs. Maddox's trials and tribulations.

"Is Mrs. Maddox's mother really

ill?" inquired the nurse as Mrs. Eichelberger stopped to draw breath.

"Oh yes, she's sick all right, all crippled up with rheumatiz and bed-fast three years. She won't let anyone but Mrs. Maddox touch her. Rosemary, the Maddox's only kid, is six. She runs wild and don't even get a good meal unless I give it to her, and Mr. Maddox gets sore at the whole outfit and bawls out his wife like it's her fault. I don't guess there's much you can do, but you got Mrs. Kochek operated on when she swore she'd die in her bed, and now look at her—well and strong as ever."

With a thought of the full day ahead of her, the Nurse rose to go. "Mrs. Eichelberger, you're a good neighbor. Now take me over and introduce me to my new patients."

They found the invalid's bed in the parlor of the little home. She was lying under a mound of quilts. Her head was as completely bare of hair as a billiard ball, but in a surprisingly strong voice, she was instructing her daughter as to how to tidy the room. When she saw her visitors, her black eyes snapped indignantly. "Now Adeline, I don't want the neighbors bringing in no nurse. If my own daughter can't take care of me, I'll die of neglect."

"I do the best I can, Ma," murmured her daughter, "but it would be handy to have the Nurse come in and help now and then. She could lift you better than me."

"That skinny little girl! I wouldn't leave her touch me!" shrilled Mrs. Brown.

During this controversy the Nurse had been removing her hat and coat, and finally drew up a chair by the patient's bed. "Mrs. Brown, I think you must come from Kentucky. I never saw that Rose of Sharon pattern on a northern quilt. I learned to sew piecing quilts with my grandmother in Louisville."

The patient forgot her grievances. "Nobody from the city can quilt like that, Nurse. I allus said the best quilters come from the hills. Now this one won the prize at the County Fair." The nurse helped her pull out an elaborate quilt from the welter of bedding, and in doing so, rearranged the pillows. "You can turn this one, too, Nurse. Everything hurts today and nobody is ever here to see to me." A few minutes' work with the untidy bed had its effect. "There, that's enough and you can come back if you want."

The Nurse smiled to herself. She had done just enough for the uncomfortable invalid to show her what her possibilities might be if given a chance.

In the kitchen on the way out, she learned from Mrs. Maddox of her hopes and fears. "I'd like to have a boy for Jim. He never took much interest in Rosemary, and she's afraid of him. She *is* a mean kid sometimes, but he beats her too hard. If I could put Ma in a hospital I could manage to keep Jim at home, but now he says he ain't got a place to call his own. He likes me to dress up and step out with him, but even if I could leave Ma and Rosemary I'm too tired to go." Fatigue and discouragement were evident in her posture.

"Her children, her husband and her parents," mused the nurse. "Well it's up to me to see her through! . . . Mrs. Maddox, I believe I can help you with your mother and perhaps between us, we can make some plan so you can have more time to go out with your husband." Mrs. Maddox's face brightened. She had pretty curly hair and lovely gray eyes, but the unhappy, worried expression made her look years older than she was.

"I'll come back tomorrow," the Nurse promised. "Get Mr. Maddox to take you to the doctor's this evening, and then I will know just where we are."

As she walked back to the office she thought the situation over. There did seem to be such a lot of sickness and trouble in the world! Sometimes it took a lot of optimism to keep from getting low in the mind. She knew she was going to need her supervisor's help with this family and she hoped she might tell her story as vividly as possible. If she could only make her advisor see bald-headed Mrs. Brown and

pretty, unhappy Mrs. Maddox, without seeming to be sentimental! She longed to make the invalid comfortable and knew so well how to do it. The supervisor listened carefully. She had rescued more than one young nurse burning with zeal to make over her families during her first winter in the district, and taught her that prejudices and emotions have no place in the equipment of the public health nurse. She knew too, how to point out to a nurse her job in a particular situation and how to keep that goal constantly before her as other factors entered into the picture. So when the Nurse entered the Maddox home the next day, she had a clear sense of the relative importance of her service to the various members of that household. She knew that her chief concern was Mrs. Maddox and her coming baby. Plans for Mrs. Brown must take into consideration above all, the amount of time and strength her daughter could spend in her care, and Rosemary's meals and playtime must be arranged with the same object in view.

Mrs. Brown was waiting for the Nurse with considerable impatience, for her daughter had told her about the new baby. "Now, Nurse, you know plenty of ways to tell Adeline how to get rid of it, so don't deny it. She can't have no more babies now; she's got me to look after. There is no one who wants to do anything for me" she complained.

Mrs. Maddox protested, "Why, Ma, I'd do anything for you; you know I would, but I must look after the others, too."

The patient raised herself on her elbow and grasped her daughter's wrist. "You said you'd do anything for me. All right, go down the street and tell Mrs. Hosmeister you don't want that baby then."

"No, Ma—not that; please don't ask me."

The nurse felt it was time to interfere. "Mrs. Brown, Mrs. Kochek almost died because she didn't want her baby. We don't want anything like that to happen here. Now I'm going to make you as comfortable as I did yesterday."

Mrs. Brown recognized authority in the tone. She wasn't through, but she would bide her time.

When the Nurse left the sick room, her patient lay half asleep, propped up on fresh pillows with her favorite quilt drawn smoothly over her knees.

"Think of Ma going to sleep this time of day. If I can only learn to fix her up the way you do, Nurse." Ways and means were discussed and the possibility of getting Mr. Brown to help was considered. "He's strong and well, and if he could turn her, I could do the rest after you show me."

"Well, we'll work out some plan, for I may not be able to come every day, but I'm much more worried over you, Mrs. Maddox. You know the doctor said you must take things easy and have plenty of fresh air, so that means you must have someone to help you. Haven't you any relative who could come in?"

"Yes, we have—if Ma would only have Cousin Mary I could get out with Jim, provided Rosemary'd go to bed."

"Leave the kid to me. She'll always do things for me," Mrs. Eichelberger's shining red face appeared in the open window. "Here she is now, and I bet your Ma hasn't had time to cook your lunch for you."

Rosemary peeked over Mrs. Eichelberger's shoulder and looked curiously at the Nurse. "We've got a Nurse at school, too, Ma, and she says I've got tonsils, but I don't care." Rosemary danced into the kitchen and demanded coffee-cake for lunch. The Nurse made a mental note to plan a conference with the school nurse and another with Mr. Maddox. She'd ask him to come to the district office. He might have some suggestions.

Mr. Maddox had never known very much about nurses. He wasn't at all sure, when he left his job the next day, that he was going to that nursing office. He was never one to want people meddling in his affairs, but perhaps they could take care of the "old woman," and that would help some. By

the time he had reached this conclusion, he had arrived at the Nurse's office, and before he knew it, he was telling his side of the story to the Nurse, who proved to be a most interested and sympathetic listener.

"Do you think, Mr. Maddox, you could pay your cousin to come in for a few hours each day? I could teach her how to nurse Mrs. Brown and your wife could get some rest and time to go out occasionally."

Mr. Maddox thought he could manage the pay, but was sure neither he nor anyone living could manage Mrs. Brown.

"Just leave her to me," smiled the Nurse.

A few days later, Mr. Maddox telephoned his wife was not feeling well and asked the Nurse to come early. She decided the time had come to enlist outside help. Fortunately, she came so early that Mr. Brown was not asleep. Instead, he sat on the back porch playing his flute. The Nurse heard it as she came through the gate. "It sounds like fairy music," she thought. "There must be a new tenant." But as she came around the corner, she saw the old man sitting in the sunshine playing a gay little tune for Rosemary, who was dancing on her toes with her short skirts held as daintily as a ballerina's. The Nurse watched unobserved for a moment. "Why, he's a real person, after all," she thought. "I wasn't counting on him. Anyone that can play like that must have some imagination!"

"Oh, there's the Nurse, Grandpa, and I must go to school," and Rosemary skipped away. The old man sighed a little as he put away his flute. That hour after breakfast with Rosemary was his happiest. He had taught Adeline to dance when she was six with that same little tune. The Nurse sat down on the step beside him and talked to him about his music. He was rough and unkempt, but he loved his flute and was anxious to teach Rosemary.

"She's awfully skinny, though, Nurse."

"Yes, she's not strong, Mr. Brown, and we must try to get her to the country when school is out."

"That's right. You tell me what's best for her and she'll do it. She's a good child when she's left alone."

"I'm sure she is, and I'm glad you'll help us with her. Now, Mr. Brown, I'm afraid your daughter isn't able to help me with her mother this morning. I wonder if you could. I know you want to go to sleep, but I'll only keep you for a minute."

Mr. Brown looked embarrassed. "Nurse, I'm not good for much around here, and anyway, she wouldn't leave me touch her."

"Oh, yes, she would. Now you stay outside until I call you and then you can give me a lift."

The patient protested, but the Nurse and Mr. Brown got her into a comfortable chair after her bath, and she became so interested in the quilt pieces the Nurse brought her, she soon forgot her grievances. By the time arrangements were made with Cousin Mary, she was quite reconciled to a change of helpers.

Cousin Mary proved to be strong and silent, and apparently without nerves—nothing seemed to disturb her. She carried out the Nurse's instructions without comment and quite efficiently, and cooked the evening meal for the entire family. Mrs. Brown was so pleased with the number of people who seemed to find her important, that she ceased complaining and became absorbed in matching calico scraps for an elaborate quilt, which, alas, was destined never to be finished.

Mrs. Maddox, relieved of much of the physical strain of her mother's care, improved in health. She still questioned her right to turn over so much of the responsibility to others, but became convinced that her mother was happy.

"Jim," she said one evening as they walked up the street, "I'd like to join the Mothers' Club at Rosemary's school. They take their sewing and hear talks on new ways to raise children. The school nurse sent me an invitation."

"That's all right, but Rosemary's going to the country this summer. That Nurse knows her stuff and she says Rosemary is underweight. We'll get her off to a camp the nurse knows about before you get down."

Rosemary objected strenuously to the plan. "We have to wear bloomers and sleep in a tent, and there aren't any movies."

The Nurse had come to arrange for the removal of her tonsils before signing her up for camp, and found the house in a turmoil. Mrs. Maddox had no control over the child. Cousin Mary, as usual, said nothing at all and all the Nurse's persuasive powers were of no avail. Finally she thought of Mr. Brown. She remembered how cross he was when disturbed, but decided to take a chance. She sent Rosemary out to play, and made the suggestion to Mrs. Maddox.

"She'll do it for him maybe, but he'll be mad."

"Well, it's worth it. Let's try."

Mrs. Maddox was right. His protesting voice was heard through the house. When he finally emerged blinking and sputtering and saw the Nurse, he looked alarmed. "The old woman?" he questioned.

"No, Mr. Brown, she's fine, but we want your advice about Rosemary." He agreed with the plan at once and thought he could manage it, but it might take a little time. "It's the best I can do, although far from ideal," thought the Nurse. "After all, it's an emergency, and when Mrs. Maddox has that new baby well started, we'll try teaching her a few principles in child training. She can never manage two children and her mother with the system she uses now."

The departure of Rosemary to camp soon followed the loss of her tonsils, and the time began to draw near for Mrs. Maddox's delivery. Everything was ready. The Nurse was not entirely content for she had not been able to persuade any member of the family that a hospital would be the best place to have the baby.

An urgent summons brought her to the Maddox home a few days later, where she found that Mrs. Brown had died in her sleep. "Ain't it a blessing, Nurse?" Mrs. Eichelberger met her at the door. "She went to sleep just like a baby. Poor soul, how she's suffered."

The Nurse asked for Mr. Brown. "He's shut up in his room, playing that old flute of his and crying just like he's been a good husband to her," Mrs. Eichelberger bristled with indignation.

"How can we know what anyone is really like?" the Nurse thought. She left the house with a promise to return in a few days. After her mother's death, Mrs. Maddox thought the days seemed to drag. She was looking forward now to Rosemary's return, for they had written from camp that she was doing well, but she dreaded to tell her of the new baby. She seemed so young to know, but Mrs. Eichelberger said kids were wise now and the Nurse told her how to tell Rosemary. If only the baby could be a boy, she'd be content. She and Jim were going to paint the bed when he came home. The Nurse thought it would look cleaner. She wondered what color paint he would get. She was glad Cousin Mary could stay and help her through.

Several days later, Mrs. Eichelberger again opened the door for the Nurse, this time bursting with excitement and news. "It's all over, Nurse, and it's a boy and she's fine!"

When the Nurse entered the patient's room she gasped a little. Mr. Maddox had had time to paint the bed and had done it thoroughly and brilliantly with bright gilt paint, which gleamed and glittered in the dim room. "Aren't they grand in that bed, Nurse?" Mr. Maddox took all the credit for his wife, his son and the bed. It didn't matter; everyone was satisfied.

"They'll get on. They are all started right and know the way now. The rest is easy sailing." When the Nurse finished her work, she made her way down the street to a new patient, wondering what adventure waited behind that door.

BY FOURS---MARCH!

The stork on his best behavior plays many tricks, leaving girls instead of boys, boys instead of girls, twins where there are only shirts enough for one—but his supreme accomplishment was to leave four baby girls, each weighing about four pounds, at Edward Sparrow Hospital in Lansing, Michigan, early one lovely May morning. The parents had eagerly anticipated the addition of one member to their family and would even have smiled at two, but being only a normal mother and father, to receive four at once, rather left them gasping.

Kind friends and interested people far and near offered sympathy, service and much needed clothing. The Greater Lansing Visiting Nurse Association offered its service, which was to help prepare the home for the reception of four tiny, though lively and healthy, baby girls.

The Hospital loaned cribs, the Welfare Department of the Reo Motor Car Company made mattresses, the Lutheran Ladies' Aid called a special "bee" and made necessary supplies.

The small home was converted into a nursery, four cribs in the living room, bathing supplies in the dining room, formulas in the kitchen. The visiting nurses offered to call every morning for a month, bathe and dress the babies, teach the mother and help her to organize her work and take over her own responsibilities.

The babies now are mischievous youngsters with bright, smiling eyes. They talk quite plainly and are very entertaining to each other.

The mother and father say: "They are a lot of work, but oh! we love them all so much!"—and who wouldn't!

—Lila Watson, R.N., formerly Director, Greater Lansing Visiting Nurse Association, Michigan.

Nurse-of-the-Month

We have joined the large body of imitators of the "book-of-the-month" idea, only instead of choosing an inanimate object such as a book on which to focus our interest, we have chosen what seems to us the most dynamic force in the modern health field—the public health nurse! Each month from now on we hope to have a description of a public health nurse who is doing a typical piece of good public health nursing work in her state—one nurse from every state in the Union. There are no elements of competition in this selection, no qualitative criteria, no personal propaganda implied. Here is a public health nurse and here is her work. Lay readers ask: What do public health nurses do? We hope this page will help to answer their question. There is only one restriction in this plan: executives and supervisors are strictly barred! This is a staff nurse page.—*The Editors.*

MATIE NEELY, R.N.

Kansas

Miss Neely's description of herself and her work follows.

I am a graduate of Washington University School of Nursing, St. Louis, Missouri, and studied public health nursing at Teachers' College, Columbia, using the Julia C. Stimson scholarship, which I received on graduation. I had my academic work in Henderson-Brown College, Arkadelphia, Arkansas, and the University of Kansas, Lawrence, Kansas. Since graduation from the School of Nursing, I have held the following positions: Public health nurse doing specialized maternity work in connection with the University of Arkansas, Little Rock, Arkansas; City and County health nurse, Fort Smith, Arkansas; Red Cross public health nurse, working with the Union County Health Unit, El Dorado, Arkansas. At present I am employed by the Douglas County Chapter of the American Red Cross, with headquarters in Lawrence, Kansas.

The lady with me in this picture is Mrs. Anna Cole Smith McFarland, chairman of our Nursing Activities Committee of the Douglas County Chapter of the Red Cross.

Mrs. McFarland was chief nurse of the Fort Sheridan Reconstruction Hospital during the World War.

MAY DAY IN DOUGLAS COUNTY

WHAT a thrilling experience May Day has just brought to Douglas County!

More than 2,000 rural school children and parents from 85 school districts gathered in Lawrence for the annual celebration. In the morning, the children were the guests of the local Chamber of Commerce at two moving picture theatres. This group also provided ice cream cones, which were served with the picnic lunches in South Park. In the afternoon an impressive May Day program was held in which more than one hundred children participated.

The program included songs, dances, and the crowning of the May queen, the County Four-H Club health champion. Following this part of the program came the presentation of the Nine-Point Health pins—a state health project—and the ribbon awards for partial fulfillment of the requirement. These pins are given for high ratings in the following nine points: vision, hearing, teeth, throat, weight, posture, and the immunizations against smallpox, diphtheria, and typhoid fever. Parents from nine Parent-Teacher Associations in the county took part in the ceremony.

The county superintendent, the county agents, the Chamber of Commerce,

the teachers, parents and pupils coöperated enthusiastically to make Child Health Day a success. Twenty-five window displays, carrying the slogan, "Mothers and Babies First," were prepared by such organizations as the Farm Bureau, the P. T. A., Girl Scouts, League of Women Voters, Tuberculosis Association and Red Cross, and were exhibited in Lawrence and the communities over the county. Splendid newspaper publicity was given by all papers for this occasion, which was the climax of the year's health program in the rural schools. The Red Cross nurse serving Douglas County, was the general chairman of the May Day activities.

The nursing service in Douglas County, outside of Lawrence, is supported entirely by the local chapter of the Red Cross. It was organized five years ago, and has been, at times, a joint project with the Tuberculosis Association. The county contributed in its support for about two years. Last year, when the continuation of the service was uncertain because of lack of funds, the public and the local chapter expressed their confidence in the county health work through voluntary subscriptions. Thus the nursing service was continued.

The nursing program is determined by the county problems. Douglas County, located in the eastern part of the Kansas plains, boasts of fertile lands for growing wheat, corn, potatoes and cattle, and is proud of its two universities and government Indian school. These factors are largely responsible for the unusually high type of people with whom the nurse works, for the low infant and maternal mortality rates, and for the low tuberculosis death rate.

The service includes school work, control of communicable disease including tuberculosis, the care of crippled children, annual infant and preschool conferences. The nurse coöperates with the unusually well-organized monthly clinics: the orthopedic, mental, and well-baby clinics, all supported by the Kiwanis Club; and the tuberculosis clinic, supported by the County Tuberculosis Association.

The Nursing Activities Committee of the Red Cross, composed of representatives of the nine townships, works with the nurse in helping the people of the county to understand the value of the nursing service. A monthly meeting is held in each of the nine townships, to which local leaders are invited to hear the reports of the work and take part in the discussion.

LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FOR JUNE, 1933

Public Health Nursing in Jugoslavia

(Concluding the articles begun in May)

III

RURAL HEALTH WORK IN MRACLIN

A short time ago I was asked to write about some of my experiences during the time I was the public health nurse in Mraclin, Jugoslavia. This I agreed to but find it more difficult than I anticipated to describe work in which I was so much involved.

Mraclin is a typical Jugoslavian village in its general makeup, all the houses being huddled close together with the church as a center. The buildings are two-story wooden structures, the lower section frequently being used for stock or storage, and the family living quarters being reached by an outer staircase to the second floor.

Mraclin, a village of some 1,500, on the other hand, is not typical as far as the mentality and attitude of its population are concerned. All of these peasants are nobles; titles having been conferred upon them by the Hungarian King during the Turkish invasion several centuries ago, for the part they played in driving back the invaders. Perusal of their documents and discussions of their noble past have become more important to these simple people for several generations, than the care of their crops. The result is that these wealthy land owners are now pitifully poor and lazy. The principal occupation at present is raising hogs and the women weave gay homespun which they sell.

A few years ago the Zagreb Institute of Hygiene became interested in using this village as a demonstration center and the local authorities coöperated. Much was accomplished in the improvement of the drainage system and the protection of the water supply. A health center was built which served not only for consultations but provided a community center, bathing facilities and a home for the public health nurse. A doctor from Zagreb came once weekly for tuberculosis and twice weekly for general consultations. A dental clinic was held weekly. These consultations were for the benefit of all the surrounding villages in the district as well as Mraclin.

A "LAY COMMITTEE"

When I was appointed to Mraclin, I found a women's committee had been organized, made up of ten or twelve of the more progressive women from different parts of the village. The purpose of these committee members was to take the lead in all matters of hygiene and inspire their neighbors to do the same. They coöperated well with the nurse, informing her if anyone was ill, or when unusual events occurred in their district, since it was not possible for the nurse to keep in as close touch as she wished, as she was also responsible for work in several of the smaller villages. Monthly meetings were held where lectures were given on problems of hygiene or some special disease was discussed.

UPHILL WORK

At first even the school principal was most uncoöperative and would not allow me to enter the school to examine the children or give any talks on hygiene. Even taking him on home visits did not arouse his interest in the welfare of these poor little ones, so I left them entirely and concentrated all my efforts on another village school. There we had excellent results and the children followed out in their homes the rules of hygiene which we taught them in the school. I finally persuaded the unresponsive principal to visit the homes in this village where he saw the difference in conditions for himself. Grudgingly, on the excuse that the Mraclin children

were not intelligent, he allowed me to examine them, but not to give any talks. However, during the examinations much advice was slipped in, quite unknown to him, and at last he agreed to their coming once a week to the bath, where I used to spend practically all Saturday and Sunday in a bathing suit demonstrating practical hygiene, armed with a brush and soap. Little by little the principal was convinced of the value of our efforts, while I was convinced that theoretical education and higher education is not always conducive to the understanding of practical public health work!

The midwives were a difficult problem in the beginning. One only was a graduate but both were doing poor, dirty work at deliveries as well as giving undesirable advice to the mothers, such as to feed the baby when it cried, and to put corn flour on excoriated buttocks, etc. Begging the midwife to notify me when a delivery was expected did not help, so I made the Women's Committee responsible for doing this. At the first delivery I prepared everything for the midwife as it should be for the mother and baby. Her irritation vanished when she saw how smoothly everything went. Afterwards she invited me to advise the mother in the care and feeding of the baby. Of course I was delighted as I had won my point and from that time on we managed to work nicely together.

"WHY BOTHER?"

In this village it is generally the old mother-in-law who does the housework (such as it is) and the young women work in the fields. Very often these older women are very slack and dirty and will not allow the younger ones to make any changes, saying "We have lived so many years without opening windows or washing floors, we did not know what hygiene was, but we lived, so why bother now?" With some of these women I labored long on this matter and often one would say "But nurse, if I wash the floor what will you give me?" I agreed I would tell everybody that her house was the cleanest in the village, for they are very proud. In other homes, if there was a marriageable daughter I would warn the mother that no one would have her daughter, coming from such a dirty house. As it is a disgrace if the girls do not marry young, they made an effort and cleaned up, but in nearly all cases it meant that I had to keep in constant contact with them. Occasionally when I insisted upon their cleaning and scrubbing the floors it was suggested, "But nurse, you come and scrub my floor, you are used to it and do it better and quicker." Others came and asked me for a hygienic brush with which to scrub!

Nobility had evidently won over this village to such an extent that simple housework will not become popular or dignified for some time in the very distant future. However, slow as the procedure was, results in general cleanliness were noticeable and fewer little babies left us each year.

With the Women's Committee I arranged for an excursion to another village, where the people were very clean, and there is quite a different mentality. Thirty women went with me and we lived for two days in this other village. In a week or so after, I saw a great change taking place in Mraclin, for the women started to whitewash their homes, clean the stables and animals and make real progress. A month later a group from the other village came to Mraclin to return the visit. By such means, little by little we gradually attain the results we wish for.

STEFANIJIE HOLJEVAC.

Miss Holjevac is a graduate from the Zagreb School of Nursing. She had most interesting experiences working among the Mohammedan women in South Serbia before she went to America in 1927. There she completed the Public Health Nursing Course at the University of Toronto and visited many centers in the U. S. A. Infant mortality rates were cut in half during the period Miss Holjevac worked in Mraclin.

IV

VILLAGE HOME-MAKING COURSES

The School of Public Health in Zagreb has various means of educating the public mind to the meaning and value of higher standards of public health but not the least effective of these are the practical home-making courses for peasant women. It has been found that our population suffers chiefly from diseases of the digestive organs and this in turn is due to bad cooking and home care, for the peasant women have very little knowledge of cooking or nutrition. Two methods are employed to provide them with instruction: First, a ten weeks' spring course given in Zagreb under the same conditions as the five months' course at the High School for Agriculturalists given for men,* and second, three weeks' courses given in selected villages during the fall and winter months. The aim of both courses is to educate village women and girls to be good homemakers. As the first course has been described for reference I will confine my discussion to the village work.

Through the propaganda spread by the young men from the agriculturalist courses, many requests come to the School of Public Health for assistance to women of the villages. A program based on these requests is made out in the early summer each year, but as there is but one nurse-nutritionist available, the plans have to be restricted. Also all courses have to be sandwiched in between harvest and planting seasons, depending on the nature of the local crops. Usually they are divided into two periods, the first in the winter, which lasts three weeks and is conducted as a school, while the second period of about ten days, is held early in the fall when the fruit and vegetables are ready to be canned or dried, at which time the instructor usually works in the individual homes. Already, since 1927, over 800 students have completed the work in forty-six courses.

HOW THE COURSE IS ORGANIZED

The course is organized in the following manner: The village officials, the firemen's association, the public school or the library association, or a local committee of six to eight able men and women assume the responsibility for the arrangements and agree to provide working space for 10-20 women in a house with the following rooms:

Kitchen—with a stove, large work table, several chairs, large cupboard.
Dining Room—unless kitchen is sufficiently large, large table with benches or chairs, cupboard.
Weaving room.
Room for instructor in cooking.
Room for instructor in weaving.

Also firewood for cooking and heating, a lamp for each room and transportation must be furnished for the instructors and their equipment. This committee makes all the plans with the School of Public Health in Zagreb and assures attendance at the classes which are given without any fee.

The program of the courses consists of instruction in:

Practical cooking.
Hygiene in cooking.
Nutrition.
Care of the sick and the feeding of the sick.
Care and feeding of infants and children.
Laundry work.
Weaving, if desired.

Lectures are given by members of the School of Public Health or the local health authorities and an agriculturalist as well as the nutritionist. The nurse-nutritionist's lectures combine food chemistry and physiology in a simple and popular form and much stress is put on vitamines and mineral salts. Green vegetables, milk and milk products and their value are discussed at length as they are seldom consumed in this region.

STUDENT OBLIGATIONS

Students, however, have their obligations, too, and must supply a specific quantity of foodstuffs available at home, such as flour, fat, milk, butter, buttermilk, vegetables, sauerkraut, beans, eggs, salt pork, poultry and small

*See *International Nursing Review*, Vol. 5:2:174.

amounts of nuts, jam, fruits, etc. Other foodstuffs, which the students would have to buy, as coffee, sugar, rice, etc., are provided by the instructor at a cost of 1,200 dinar (about $20.00) per course. Very careful records are kept, which include the menus prepared, amounts of material contributed by each student, attendance, grades, examination results, as well as the actual cost of the course.

Each student must also provide herself with two plates, knife, fork and spoon, a dishcloth, towel, tablecloth and two white aprons, all properly marked and the instructor furnishes the larger utensils.

Getting the equipment to its destination is often a difficult task, as many villages are high in the mountains, remote from either railroad or highway, so a packhorse or ox cart is often the only means of access. Again in the spring when the floods come, a canoe has been my only means of getting back to a center. The women are so keen to get the instruction, however, that they make every effort; neither snow nor mud can keep them away. In general the farther the village from civilization, the better the results.

HUSBANDS PROMOTE PLAN

The men take the course very seriously and insist upon the women attending regularly. Probably this is due to the fact they are the indirect profiters! In one section, along the Sava River, the villages are built only on one side, the road extending along the river bank, which is extremely slippery in bad weather and can be traversed only on horseback. Often when I had classes in those villages, in the morning a man would come with the women, all riding bareback, and then lead the horses back to their village until night, when he would return for them. These housewives usually had the supper to prepare on reaching their homes and while they busied themselves with that the husband or father conned over the notes they had made in school during the day.

COOKIES COMPETE WITH BRANDY

Last year I stayed over Christmas in one of the villages and so had the opportunity to watch and help with the preparations for the feast. The school teacher's wife, who was one of the students, told me that they had not known how to bake cookies or Christmas cakes before these cooking classes and that it had been the custom to sell all their butter at the holiday market to have extra money for brandy. Last year market day came but there was no butter for sale. Even families which had no member in the school sent to me for recipes and advice. Cookies had suddenly become more popular than brandy.

One evening just before Christmas a big, burly man came to me. He apologized because his wife had not attended the course. She had just had a new baby and so I agreed to visit her. He insisted upon copying my recipes as they wanted to try them and I agreed to go and see them the next day. I went towards evening and found a large, overheated room, the man standing in the center of the space, his sleeves rolled high, a fat, sticky little notebook in his huge fist, reading aloud the directions to his wife who was violently kneeding grayish looking dough on the bare table. She was laboring very hard and both of them were perspiring profusely. I rescued what I could. A few days later the man came to thank me and with beaming countenance avowed they had never had such fine Christmas cake before and that surely his wife would be in the next course!

The entire program is made as simple and practicable as possible. The foods prepared are those which the people can get and should eat and which give some variety to the very monotonous diet in which they usually indulge. Each student takes her turn at the various tasks and the kitchen and dining room are kept as nearly like those in the average peasant home as possible, except that greater order, cleanliness and simplicity are emphasized. Fall is the "wedding season" so to speak and the festivities usually last for three days, when there is much feasting. Preparation for these feasts offers a marvelous opportunity to test the ability of the

students, as usually the family comes to us instead of sending for a hired cook for the occasion. All old customs and fete days are observed with great care if they offer any means of teaching. A sick neighbor, a new baby or other event serves immediately as a practical project for the attention of the class.

PROOF OF THE PUDDING

Each course ends with a practical examination in the form of a big supper, to which each student may invite a member of her family. We also invite the local authorities, members of the School of Public Health, the local physician and school teacher, as well as any others who have coöperated with our venture. All alcoholic beverages (which abound at most banquets in the country) are banished from the table and everyone is kept busy eating wholesome, new dishes, singing and dancing, so that wine is forgotten until they break up the fun about 4 in the morning. Usually they have a glorious time, the instructor included, and demands for the courses increase as a result.

Excursions to visit other groups are organized when possible and have beneficial and often unexpected results. This incident is but one of many which gives us assurance that the demonstration method of teaching is the most successful and practical one: A village woman on her return from an excursion to Zagreb, seized a brush and proceeded to whitewash her entire house, inside and out, exclaiming to her husband who was standing by dazed at her unusual activity, "Now, at last, I have been to the world and have seen how it must be!"

STEFANIJA PAPAILIOPULOS.

Mrs. Papailiopulos, known at home and to many nurses in the United States and Canada as Sister Annie, is a graduate from the Zagreb School for Public Health Nurses and has had post-graduate experience in America. Of a very understanding and sociable nature, Sister Annie carries far more than instruction in cooking to these peasant women, who adore her.

One of the classes at the party in their hand-embroidered costumes. Sister Annie in the center

Bringing Health to the Blue Ridge

By MARY L. CROSBY, R.N.

In this article Miss Crosby describes the public health center in Currin Valley, Marion, Virginia, established and maintained by the Zeta Tau Alpha Fraternity.

FOR many years the Zeta Tau Alpha Fraternity had been hoping and planning for a fraternity philanthropic project. No definite steps were taken, however, until June, 1926, when the convention, assembled at Blue Ridge, N. C., voted to appoint a committee to investigate and make plans to present to the next convention. Preference was expressed for work in the mountains of Virginia, as the project was to be in honor of the founders, all Virginian women.

The next convention was held in Big Win Inn, Canada, in June, 1928. It was there that the delegates definitely decided to establish a Health Center in Currin Valley, near Marion, Virginia. In October, 1928, Miss Frances Y. Smith, Chairman of the philanthropic committee, was authorized by Grand Chapter to begin the work by employing a public health nurse to serve the people of this community. To find a suitable nurse was not easy. Mrs. Hansen, a Virginian, arrived December 18, 1928. Mrs. Hansen was a true pioneer. With an old model-T roadster she started over mountain and valley, driving as far as the old Ford could go, then walking the mountain trails, to contact a strange people—a forgotten people, unaccustomed to "furriners comin' among 'em." It was her love for humanity, her sympathy for human suffering that won the love and confidence of these strange mountain people. Mrs. Hansen laid well the foundation for future health work and left invaluable records for her successor, who came September 15, 1929.

The Health Center

Situated among the hills on a bluff, in front of which runs a ribbon-like brook, is the Health Center, a five-room log cabin with all modern conveniences. In this cabin many activities are carried on, not only health but social as well.

Progress in the work, although slow,

has been beyond the fondest hope. In the early days it was very difficult to get the parents' consent to have tonsils removed; now all that is needed is to let it be known that a tonsil clinic is being held and the nurse can gather the children up three deep in the Ford sedan, with the mothers not only willing but urging the operation. For the first dental clinic, a hundred persons trekked over hills and valleys. The day was devoted to extractions only and a promise to have another clinic soon, many waiting all day from early morning to have "a sore tooth pulled." Now there are four dental clinics a year and the nearest school has one hundred per cent dental corrections. Prenatal, infant, and preschool conferences are also held regularly. The community comes to the Center for all sorts of first aid. A loan closet is maintained with the necessary supplies and layettes are provided for needy mothers. The nurse, who is a midwife, often has to officiate at "borning," and usually has to provide everything except the baby!

Ready for a home delivery

In June, 1930, the Louisville, Kentucky, Alumnæ of Zeta Tau Alpha presented the Center with a circulating library of three hundred books. The library now has over six hundred volumes and is used freely, anywhere from fifty to one hundred books going out during the month. During the summer months a recreational director carries on various activities, sewing, cooking, and other handwork, in addition to games and playground activities. Much has been accomplished in the way of organized play. At first the children were timid and had to be coaxed, knowing nothing whatsoever about the simplest games, but now all are eager to take part.

Waiting for the Christmas party

At Christmas time through the generosity of fraternity girls from all over the country, joy and happiness are brought to an average of four hundred and fifty men, women, and children through gifts of clothing, candy, and baskets of groceries. Heretofore Christmas day had been just one more day to these mountain people. One of the events that attracts the greatest interest is the old clothes sale held each week. Many trek miles over the mountain trails to buy for a small sum clothing that the fraternity girls have sent. Those unable to buy are given clothing free.

In spite of the difficulties and hardships, the work brings a deep feeling of satisfaction, for one can really see results being accomplished. Best of all is the gratitude of the people themselves, for these mountain folk are very responsive and appreciative of everything that is done for them.

THE CHILD AND THE NURSE

Some people approach a strange child with a gratifying sense of superiority which finds expression in heartiness; others have the feeling that they are on trial for the child's favor, and behave with diffidence or even humility. Either approach may be successful with one child and fail with another, but, as Dr. L. W. Batten pointed out recently, in the *Nursing Mirror* in an article on "The Reasonable Child", most children prefer to be treated in all sincerity as equals, and with the reserve proper to first meetings. The nurse who is summoned in case of illness is faced with the double problem of meeting the child for the first time and of making friends with him when he is not feeling normal. To manage this successfully she must be able to put herself in the child's place, to think of herself as a small person already disturbed by illness, for whom a complete stranger suddenly begins to perform intimate services. Dr. Batten says:

> You would feel a little less small if you were asked what you preferred or what you generally did in small matters of toilet and quite a lot bigger if you could feel yourself actually useful. You would, on the other hand, probably resent being asked questions which seemed to be prompted by mere curiosity or intended only to make conversation, and if there were really nothing to be said or done at the moment you would prefer to be left in silence until some real occasion for conversation arose or you felt moved to offer some observations yourself.

It is, of course, undesirable to discuss the child's health, or to talk about his likes and dislikes at length in front of him, but, apart from this, Dr. Batten finds that there is little to be gained by alarming the child with silences and half-truths which may shake his confidence. It is important to differentiate between the things which it will frighten him to hear, and those which will make little impression on him. Words like meningitis and tuberculosis hold no threat for him, though he will be afraid of pain and of any instruments which look as though they might cause it. If anything unpleasant is to be done to him, he should be told beforehand how it will feel, but should not be allowed time to brood over it. Nothing shakes a child's nerves more than to be told "I'm not going to hurt you" before some painful operation. Children who have been treated fairly show a confidence in the good faith of grown-up people which cannot decently be exploited.

—*Maternity and Child Welfare*, January, 1933

ISABEL HAMPTON ROBB SCHOLARSHIPS

Of the forty-five applicants to the Isabel Hampton Robb Memorial Fund, the following nurses received the highest rating and are awarded the scholarships for the year 1933-1934:

Madeline Kelley, Essex Junction, Vermont (public health nursing, Simmons College).
Anna Phair, Cincinnati, Ohio (administration, Teachers College).
Mary Elizabeth Brackett, Milton, Mass. (teaching, Teachers College).
Elizabeth Hill, Barstow, California (public health nursing, Teachers College).
Frieda Off, Denver, Colorado (administration, Teachers College).
Bessie Lawrence, Cambridge, Ohio (teaching, Western Reserve University).

BUSINESS LETTERS

Editorial Note: Some of our readers have asked to have some practical suggestions on good etiquette in writing business letters. Volumes have been written on this subject, and reference books are available in any large public library. What we offer here represents hard-won experience in what is courteous, time-saving, and feasible for most nurses to carry out in writing the business letter.

JUST because a letter deals with matters relating to one's profession or business is no excuse for its appearing abrupt or hurried. The omission of the article, pronoun, or the profuse use of abbreviations are both unnecessary and awkward. A letter should read smoothly, sound friendly, and give the reader a sense of the writer's genuine interest in communicating needed information. "Letter received today. Feel that position of supervisor is worth $1,800. Other salary not considered" may be intended to sound "business-like," but is certainly unnecessarily abrupt. How much better it would be to write: "I received your letter of January 3d today. I feel that the position of supervisor is worth a salary of $1,800 and I would not care to consider less."

On the other hand, unrelated details, personal observations (unless they affect the situation directly), long quotations of what others have said on this or that point, err in the other direction of being too verbose and time-consuming. In a business letter, it is fair to assume that the reader is a well-occupied person, that she appreciates courtesy and needs to get your point of view and all the facts, but she should not be expected to read between the lines, nor to wade through irrelevant detail.

With these few generalizations, let's get down to details of procedure.

DETAILS OF PROCEDURE

The date and complete address of the sender should appear on every letter. The return address should be on the envelope. The business letter is preferably typed, but clear longhand in ink is everywhere acceptable. Copies of *all* important letters should be kept. If you have a letterhead, which should give name, address, *city and state,* use it on all business communications; never use it for personal notes. Remember that when a statement is made on your office letterhead, it is understood to carry the backing of your association, and unless marked "confidential," or "personal," is looked upon as public property, to be opened by an office clerk, read by a committee, or presented in evidence of your association's stand in any professional matter.

Letters start with the address of the individual, company, or group to whom the letter is going and the salutation accords with the personnel or individual concerned. For example:

Miss Katharine Tucker, Director
National Organization for Public Health Nursing
450 Seventh Avenue
New York, N. Y.
My dear Miss Tucker:—("My dear" is more formal than "Dear")

or

Director, National Organization for Public Health Nursing, etc.
Dear Madam:

Similarly,
Mr. J. N. Myers
The Macmillan Company
New York, N. Y.
My dear Mr. Myers: or
Dear Sir:

There is no objection to using the first name in the salutation following the address if you are a personal friend of the individual, as "My dear Margaret" or "Dear Meg." The usual business letter, however, would not omit the address and start "Dear Meg."

It is well to have your first paragraph acknowledge the receipt of the last letter received. If the letter is not in answer to another, the first paragraph may contain a statement of the general subject

of your letter, the following paragraphs developing or adding to the matter or presenting specific problems involved. Finish one subject before taking up another. Be sure (by re-reading) that all the questions or points in the original letter sent to you have been answered by you, check with the calendar any days or dates set for appointments (a holiday in your state may not be a holiday elsewhere, etc.), be sure the time stated is in terms of your time (Daylight or Standard), be sure quotations or page references are correct. If you say you are enclosing material, be sure it *is* enclosed and itemize it.

If communications are answered by long telegrams or day letters, it is customary to follow them with a letter, explaining at greater length or confirming a statement.

Any business communication, other than an acknowledgment, a receipted bill (bills paid by checks are not usually acknowledged unless sender requests it), advertisements or circular letters, should be acknowledged. This may be by word of mouth or postal, but if a written record is desirable, it should be by letter.

Personal messages or greetings at the end of business letters are entirely appropriate if they are of a fairly formal nature. Intimate personal references belong in the personal note.

It is well to remember that letters to another business group may lie around and be read by strangers. Comments on personalities, or idle gossip, should not, therefore, find a place in open business communications.

TITLES AND CLOSING OF LETTERS

The question of titles is usually puzzling. Always use the full form when in doubt, as My dear Dr. Meyers (M.D., Ph.D., D.D.S.), My dear Professor Blake, My dear Sister Augusta (Sisters in the religious orders). A "Reverend" is Reverend Mr. Smith, not Reverend Smith. Never Mrs. Dr. Smith, when addressing a doctor's wife, just Mrs. Smith. My dear Captain Jones, Lieutenant Brown, Major White, etc., for all commissioned officers in the Army and Navy.

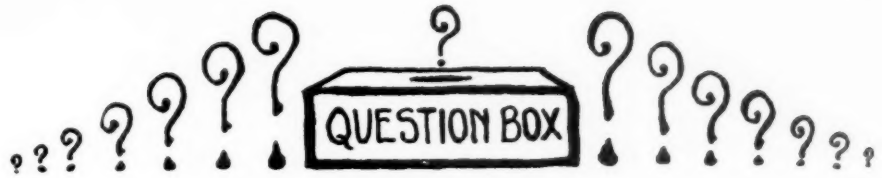
The closing of the business letter is usually formal—Yours truly, Very truly yours, Sincerely yours, Cordially yours, are proper. If the letter has a personal tone "Sincerely" or "Cordially" may be used—"Affectionately," "Lovingly," or "Warmly" are better reserved for personal notes. The full name and title of the sender is signed to all business communications, the name in longhand appearing above the typed signature and title if letter is typewritten. Married women use their given names with "Mrs. Henry C." in brackets. Most nurses prefer to use the R.N. after their names, but if the R.N. appears in the letterhead or is evident from the title, the R.N. may be omitted.

Write "February 4," not "4th of February." Do not give the day of the week without the date. Sums of money may be written in numerals or out in full for greater clarity. Unless you are asking for the return of bulky material, enclosing stamps for a reply is not necessary unless the original letter requests them. Of course they are always welcome and a self-addressed stamped envelope will speed up an answer.

A good business letter is not an easy thing to write. It should be simple, clear, accurate, friendly, courteous, and comprehensive. "Never rouge your style" in anything, particularly business letters! After all, writing of any kind is self-expression, be direct and natural about it, and remember to put yourself in the reader's place. You are reading primarily for information—give all the information needed to understand the situation thoroughly, but not too much to be confusing or boring.

REFERENCE READING

"Secretary's Manual." T. K. Brown and others. John C. Winston Co., Philadelphia, 1932. $2.00
"Modern Business Letters for Busy People." Cay Vernon. George Sully & Co., New York, 1932. $1.00. A collection of model letters.
"Business Letters, Their Preparation and Use." H. A. Burd and C. J. Miller. McGraw-Hill Publishing Co., New York, 1931. 490 pp. $4.00.



Have you a question about any phase of your work? Send your question on a post-card. Address "Question Box," care of this magazine. Answers will have the approval of the National Organization for Public Health Nursing. Names of inquirers will not be used.

QUESTION:

If a nurse resigns before the completion of a year's service, what is the usual vacation allowance? If a nurse resigns at the end of eleven months' service, is a full month's vacation given?

ANSWER:

Organizations differ in regard to their practice in giving vacation pay on resignations. In some organizations, a month's pay would be given on the completion of eleven months of service on the basis that each month of work entitles the worker to two and a half days' vacation. A resignation at any time before the completion of eleven months would carry with it proportionate vacation pay. In other agencies, no vacation is allowed for less than six months of work; in others no vacation for less than eleven months in the first year of service. Some associations do not give full vacation pay at the end of eleven months of service if the nurse is not returning to the staff. There seems to be no uniformity of practice and each agency decides its policy for itself.

QUESTION:

In our industry the plant doctor is on part-time. He does not treat illness but refers the workers to their own family physicians. One of our workers went to his own doctor who refused to treat him because the worker could not pay him. We have no dispensary service in town—what shall I do?

ANSWER:

Refer the situation back to the plant physician and suggest that he take it up with the local medical society.

QUESTION:

Should the nurse in charge of a service be asked to attend board meetings? Should she stay throughout the meeting?

ANSWER:

"The relationship between board and executive can be made one of mutual respect and confidence, and where such a relationship exists there is mutual satisfaction in serving on committees and sharing in the planning of the work. The executive director with leadership and vision can stimulate the board, and is ready to grasp further opportunities for development of the work. She should have free rein to select her supervisors and staff and arrange the methods of work. *She should be an ex-officio member of all committees without vote. She should be present throughout the board meetings and take part in all discussions.*—N.O.P.H.N. Board Members' Manual.

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

Edited by KATHARINE TUCKER

REPORT OF THE MEETING OF THE N.O.P.H.N. FINANCE COMMITTEE

Once again it is clear that the N.O.P.H.N. is a true reflection of what is happening to our individual and agency members, not only in terms of our adjustments in program to meet their needs but in terms of our budget. There has just been a meeting of our Finance Committee (with 100% attendance) at which time the Committee was authorized by the Board to act in place of the Executive Committee in adjusting the budget to save the expense of an Executive Committee meeting.

At this meeting all of the uncertainties of our income were squarely faced. In January, as reported in the March issue of the magazine, this committee and the Board had authorized certain expenditures for the first four months to make it more possible to meet the demands for service and for gathering the facts needed in this time of crisis. Mrs. Elmira Bears Wickenden was added to the staff on a temporary basis and more provision was made for field service. This action was made possible through the success of the 1932 membership drive which brought up our membership total last year to almost 8,000 and, fortunately for the activities of the N.O.P.H.N., made it possible for us to carry a small cash balance into 1933. This balance from memberships placed a definite obligation on the N.O.P.H.N. to make a return in service up to the limit of its capacity.

Difficult as were the adjustments in 1932, the picture for 1933 has been much more cataclysmic for the world—and for public health nursing. Our members, both individual and corporate, and our contributors have stood by nobly, but inevitably what has been happening to them is reflected in the 1933 income of the N.O.P.H.N. Letters have poured in from agencies, nurses and board members saying that they realize as never before what it has meant to have a National and that their need of this service is greater than ever. In fact, the worse the situation or the greater the adjustment, the more they feel the need of national leadership and solidarity. However, local budgets have been cut, salaries lowered and in some instances staffs have been reduced. For the N.O.P.H.N., the Finance Committee estimates, this will mean a further reduction in income of 7 per cent.

Under these conditions those who have been going through this same process locally can vividly imagine the kind of scrutiny the Finance Committee gave our expense budget. The temporary additional member of the staff was no longer possible, although our professional staff of seven public health nurses had already been reduced to six (14% reduction) through Miss Crain's resignation April 1. Fortunately we can still count on more staff assistance on a voluntary basis during May. After the most careful examination of every item, the expense budget was again reduced by 9 per cent. Even this means calling upon our small balance.

The whole approach of the staff and the Finance Committee has been to keep such services as mean the most to the membership and to public health nursing. In spite of the radical action necessitated by the situation, neither the staff nor the Committee feels overwhelmed. Just as in the field, these adjustments can be made because they must be made, and in spite of them there is a sense of a basic stability growing out of a conviction that a need exists that must be met. It requires new ways of thinking, planning and action. This is our opportunity.

ACTIVITIES OF THE STATE BRANCHES OF THE N.O.P.H.N.

The public health nursing movement in the country as a whole looks to the N.O.P.H.N. for leadership in promoting standards, encouraging the extension of service, and providing that solidarity which is so essential in times of change. Similarly, in each state in the Union, there is need for some state-wide group through which similar leadership can be developed.

Since 1922 this need has been met in fifteen states by the formation of branches of the N.O.P.H.N. called State Organizations for Public Health Nursing. Before discussing the activities of these branches, it may be of interest to consider their form of organization and how they differ from the public health nursing sections of State Nurses' Associations.

Branches of the N.O.P.H.N. were formed because the states wanted them to fill three needs as follows:

1. An organized state group to develop the cause of public health nursing on a state-wide basis.

2. An organization including lay membership and the active participation of laymen as representatives of the communities served by public health nursing.

3. An organization having close relationship to the N.O.P.H.N.

State Organizations for Public Health Nursing have their own constitutions and by-laws which conform in purpose, types of membership and general plan to those of the N.O.P.H.N. They have their own members, officers, dues, and are free to develop their own activities in accordance with their objects and the needs of their own state.

The relationship of each S.O.P.H.N. to the N.O.P.H.N. is as follows:

The presentation of the constitution and by-laws and subsequent revisions to the N.O.P.H.N. for approval.

The referral of applicants for nurse membership in the S.O.P.H.N. to the N.O.P.H.N. for assistance in determining eligibility.

The president of each S.O.P.H.N. is an ex-officio member of the Board of Directors of the N.O.P.H.N., is invited to attend its meetings and receives its minutes.

Each S.O.P.H.N. reports to the N.O.P.H.N. as requested.

Each S.O.P.H.N. coöperates in securing members for the N.O.P.H.N.

In many states not having S.O.P.H.N.'s there are public health nursing sections of State Nurses' Associations. These sections differ from the S.O.P.H.N.'s in several respects. They are not separate organizations but rather an integral part of the State Nurses' Associations. They cannot be part of the N.O.P.H.N. Through the State Nurses' Association they are organically a part of the American Nurses' Association which has available rules for sections of this type. Thus their purpose is to further the interest of public health nurses as a professional group. This purpose is achieved largely through group conferences at the annual and semi-annual meetings of the State Nurses' Associations rather than through a program of year-round activities. Membership is necessarily limited to membership in the State Nurses' Association, which makes it impossible to include laymen. Leadership is centered in a small group of officers of the section. There are no dues, the provision for activities of the section being made in the budget of the State Nurses' Association. On all questions of organization, the Section turns to the State Nurses' Association and through it to the American Nurses' Association. The relationship of the section to the N.O.P.H.N. is purely coöperative and concerns itself chiefly with suggestions for subjects to be discussed at state meetings.

HIGH-LIGHTS FROM ANNUAL REPORTS

Once a year the N.O.P.H.N. asks for an annual report of each of its branches. Some of the high-lights from the reports for 1932 are of interest to all members of the N.O.P.H.N.

The majority of branches hold one meeting a year, the exceptions being Minnesota with two, Oregon with four, Rhode Island with five, and Maryland with eight. The meetings are held chiefly at the same time and place as those of the State Nurses' Associations and the State Leagues of Nursing Education. Occasionally the meetings occur with such state groups as the White House Conference, Conference of Social Work,

or State Education Association. Laymen attend the S.O.P.H.N. meetings in all but four states.

Each S.O.P.H.N. has a board of directors, the majority of them with lay members on the board. Meetings of the board vary from two to eight times a year, depending on the need, the geography of the state and the means for getting the board members together.

Sections of the S.O.P.H.N.'s are groups of members organized to represent special interests and are functioning in seven of the branches. These sections are chiefly school nursing, industrial nursing and lay.

Units are local subdivisions of an S.O.P.H.N., which correspond roughly to the district associations of the State Nurses' Associations. The three branches which have units feel that they are needed for intimate local contact not possible for a state organization. California says "units carry on all-year-round activities and provide a continuous sense of solidarity."

Committees vary according to the programs of each state organization. Those active in the majority of branches are program, membership, nominating and education; committees on legislation, revisions, finance, history and inter-relations are mentioned also.

THE ACTIVITIES OF THE S.O.P.H.N.

The activities of each S.O.P.H.N. vary according to the needs of each state, according to the programs being carried on by the nursing service of each State Health Department, and the degree of leadership exerted by the officers and members of the board of directors of the S.O.P.H.N. Attempts are made to make state-wide application of the objects of the organization as stated in the by-laws as follows:

"1. To stimulate responsibility for the health of the state by furthering the establishment and extension of public health nursing and the education of nurses in public health.
2. To uphold standards and technique in public health nursing throughout the state.
3. To facilitate efficient coöperation between nurses and health officials, physicians, boards of trustees, other agencies and persons interested in public health."

The promotion of membership in the N.O.P.H.N. as well as in the S.O.P.H.N. has been generally a large activity of each branch. This has meant a wide interpretation of the fundamental purposes of the public health nursing movement and an invaluable broadening of understanding and support on the part of laymen and nurses.

Rhode Island, Kentucky and Texas are trying out a joint membership plan with the N.O.P.H.N. to be reported on at the next Biennial Convention.

Closely related to membership is the increased effort on the part of the branches to include laymen in active participation and the formation of new lay sections in some states and the expansion of their activities in others.

One result is a close working relationship with other state-wide organizations. Minnesota, for example, has been working with a committee of the State Medical Association in promoting "better understanding among local organizations and coöperation between professional groups where public health nurses are employed." It reports "rapid progress in the establishment of medical advisory committees, of local public health services, giving evidence of an awakened interest in this field." An essay contest relating to public health nursing has been a project of the lay section and a résumé has been made of the health programs of state lay organizations to see where coöperation with public health nursing service can be strengthened.

In several states the S.O.P.H.N. has worked hand in glove with the State Health Department, giving backing to its work and supplementing the official program with such activities as a voluntary agency can render particularly in the development of lay interest.

Education both for nurses and for lay members is an active part of S.O.P.H.N. programs. This is carried on through state meetings, through regional conferences in some states, and through local round tables. Institutes have been sponsored by some of the branches and the staff of the N.O.P.H.N. has been used widely in either conducting or contributing to them. Lectures on public health to undergraduates in schools of

nursing have been the project of a few branches. Student loan funds for post-graduate study in public health nursing are available in others.

Publicity or public information takes a variety of forms in each S.O.P.H.N. Chief among these are newspaper reports of meetings, elections, special achievements. Georgia put on a clever play called "It Has Been Done" at its tenth birthday party. Minnesota gave a skit reviewing its past history. Maryland had a two-act play.

Exhibits of state public health nursing as well as the N.O.P.H.N. exhibit have been shown at state meetings, and in one or two states, exhibits have been prepared for state and county fairs.

Four of the S.O.P.H.N.'s have committees on legislation. These function in coöperation with the legislative committees of the State Nurses' Associations and are in a strategic position where they have strong contact with state-wide lay groups.

In conclusion, we may say that public health nursing needs some organization of state-wide forces to give it backing and to help it progress. What form that organization should take in any given state may still be an open question. The answer will ultimately be found through the experiences of the various states themselves.

The list of S.O.P.H.N.'s which are branches of the N.O.P.H.N. is as follows:

Arkansas	Oklahoma
California	Oregon
Georgia	Pennsylvania
Kentucky	Rhode Island
Maryland	Texas
Minnesota	Utah
New Jersey	Washington
New York	

Massachusetts has a new S.O.P.H.N. not yet formally made a branch of the N.O.P.H.N.

RECORDING TUBERCULOSIS CONTACTS

The N.O.P.H.N. Records Committee has made the following recommendation in regard to visits to households having tuberculosis contacts:

A visit to a household where there is an active tuberculosis case and child contacts, for whom there are no individual case records, will be counted as two visits, provided that in addition to entries of service rendered on the record of the active tuberculosis case, a special entry is made in relation to service rendered to the child contacts in the household. This does not mean that all visits to an active tuberculosis case, where there are child contacts, should be counted as two visits.

> *Example*: Mrs. Smith is an active tuberculosis case. She has three children. A nursing visit to the Smith home may include instruction regarding the positive case and general instruction as to the precautions necessary to protect the contacts. Such a visit would be recorded as one visit to a tuberculosis case. Another visit to the Smith family may include specific advice regarding the children with notations of the advice made on the record of Mrs. Smith. The advice may relate to clinic appointments for the children; or to any specific advice regarding the contacts. Such a home visit would be counted as two—one to the tuberculosis patient and one to the contacts, considering all the contacts as a unit.

If the active case of tuberculosis is not residing in the household, and a visit is made to the household with child tuberculosis contacts, for whom there are no individual case records, for the purpose of checking up on these contacts, this would be counted as one visit for the "Supervision of Tuberculosis Contacts." The entry of service rendered for this visit might be made on the active tuberculosis case of the household.

However if the visit to the household is primarily for the benefit of the tuberculosis case, it will be counted as a visit "In Behalf of" the tuberculosis case.

Visits to a household where there are adult contacts only, should be counted as a visit only to or in behalf of the tuberculous case.

Obviously, if a child or adult contact becomes a diagnosed or suspicious case and individual case records are made, then the count of visits to the household is in terms of individuals served for whom entries of service rendered are made on individual case records.

ROLL OF HONOR OF AGENCIES REPORTING 100% NURSE MEMBERSHIP IN THE N.O.P.H.N. DURING APRIL, 1933

CONNECTICUT

Public Health Nursing Association, East Hampton.
Visiting Nurse Association, Hartford.
District Nurse Association, Middletown.

FLORIDA

Alachua County Public Health Nursing Service, Gainsville.
State Board of Health, Jacksonville.
Osceola County Public Health Nursing Service, Kissimmee.
Marion County Public Health Nursing Service, Ocala.
Putnam County Public Health Nursing Service, Palatka.

ILLINOIS

Chicago Tuberculosis Institute.

INDIANA

Public Health Nursing Association, Evansville.
Public Health Nursing Association, Richmond.

LOUISIANA

Industrial and Visiting Nurse Staff, Baton Rouge Division, Standard Oil Company, Baton Rouge.

MASSACHUSETTS

Newton District Nursing Association, Newtonville.

MINNESOTA

Baby Welfare Association, St. Paul.

NEW HAMPSHIRE

District Nursing Association, Concord.

NEW YORK

Albany Guild for Public Health Nursing, Albany.
Visiting Nurse Association of Staten Island, Tompkinsville.

OKLAHOMA

Public Health Association, Tulsa.

PENNSYLVANIA

Tuberculosis League, Pittsburgh.

RHODE ISLAND

Visiting Nurse Association, Barrington.
Visiting Nurse Association, Bristol.
Richmond Visiting Nurse Association, Carolina.
Visiting Nurse Association, East Greenwich.
Middletown Branch, American Red Cross, Middletown.
John Hancock Mutual Life Insurance Company Nursing Service, Newport.
Visiting Nurse Association, North Providence.
Johnston Visiting Nurse Association, Providence.
Visiting Nurse Association, Warren.
School Department Nursing Service, Warren.

TENNESSEE

Davidson County Health Department, Nashville.

UTAH

Visiting Nurse Association, Salt Lake City.

WASHINGTON

Skagit County Department of Public Health Nursing, Mount Vernon.

WEST VIRGINIA

Public Health Nursing Association, Charleston

OUR CONTRIBUTORS THIS MONTH

DR. W. S. ASH is Director of the Medical Service at the plant of the United States Rubber Company in Detroit. Most of his professional life has been spent in industrial medical work or interests allied with it. For several years he was in the United States Immigration Service, stationed at various ports of entry along the Canadian border. Upon the completion of this detail he joined the staff of the Rubber Company and has been associated with it ever since.

ROBERT G. PATERSON is executive secretary of the Ohio Public Health Association, in which capacity he has served continuously since 1911. He holds the degrees of B.A., Ohio State University; M.A., Columbia University; and Ph.D., University of Pennsylvania, where he specialized in sociology. In addition, he holds a certificate from the New York School of Social Work and is lecturer in the School of Social Administration, Ohio State University. From his many years of experience in Ohio he has first-hand knowledge of the development of public health nursing as part of the tuberculosis and general public health organization in that State.

MARY L. CROSBY is a native of Kentucky and graduated from the Shanango Valley Hospital School of Nursing, New Castle, Pa. After a year with the A.E.F., she had public health nursing experience with the Kentucky State Board of Health and Louisville Visiting Nurse Association. During her ten years of health work in Harrison County, Kentucky, she had various extension courses at the State University, Lexington, at Teachers College, Richmond, Kentucky, and a summer course at Peabody College.

BOARD AND COMMITTEE MEMBERS FORUM

Edited by KATHARINE BIGGS MCKINNEY

SELF-ANALYSIS BY A BOARD

Recently a self-analysis has been made by a board member of her attitude, function and effectiveness*; a method of appraisal of the public health nursing program has been published** indicating how to ascertain whether the program is meeting the needs of the community effectively, so—why should there not be an analysis of the board itself to determine whether it is an active, functioning group? The Board Members' Manual is three years old and the special N.O.P.H.N. program for board members has been going on for the same length of time. It now seems fitting to consider whether boards have benefitted by these services.

The following is an outline for self-analysis that might assist you in finding out how effectively your board is organized and functioning. The answers to some of the questions that will arise while you are making this analysis, may be found in the Board Members' Manual, this magazine, or by writing to the secretary of the Board and Committee Members' Section at the N.O.P.H.N.

SUGGESTED OUTLINE FOR A BOARD'S SELF-ANALYSIS

A. MEMBERSHIP OF THE BOARD

I. Size (See Board Members' Manual, pp. 12 and 13). Is it limited by constitution?

II. Is the board representative of the following:
1. Men and women
2. Religious groups
3. Younger and older generation
4. Geographical districts
5. Various organized groups — Women's Clubs, Parent-Teacher Associations, Junior League, League of Women Voters, men's organizations, etc.

III. Are the board members elected for a definite term so that members who have not proved of value will not be permanently on the board? (Board Members' Manual, p. 99.)

IV. Is there a definite plan for membership with a committee which functions all the year around, so that this committee is working with the president in thinking of the needs of the board as well as possible candidates for members? (Board Members' Manual, p. 27.)

V. Are qualifications for board membership stated in constitution? (Board Members' Manual p. 99.)

VI. Does the membership committee approach prospective members with a challenge or by saying simply, "Won't you serve? You really won't have very much to do!"

VII. What is done about introducing the new board member to the work so that she is able to function actively after election as a member? Is there a definite plan? Does this include a visit to the office? (PUBLIC HEALTH NURSING, October 1930.)

B. ORGANIZATION OF THE BOARD

I. Officers
1. Are you constantly preparing board members to be officers?
2. Is there a limit to the number of years the officers may serve? (Board Members' Manual p. 23.)

II. Committees
1. Are there definite committees appointed?
2. How are these appointed? (Board Members' Manual p. 24.)
3. Do they have regular stated meetings? How often do they meet?
4. Does every committee have a definitely worked out plan of activity?
5. Is every member of the board actively participating on a committee?
6. Analysis of certain committees
   a. Medical Advisory Committee
      Is every effort being made to keep this committee closely in touch with the work so that they will, in turn, interpret to the medical profession the program of the public health nursing organization?
   b. Finance Committee
      Does this committee think in terms of community

*See PUBLIC HEALTH NURSING, November, 1932.
**PUBLIC HEALTH NURSING, October, 1932.

needs in planning the budget?

c. Volunteer Committee
Does this committee recruit volunteers and assist the nurse director in every way in training and following up the volunteer workers?

C. BOARD MEETINGS

I. Are meetings held regularly and at definite time and place?

II. Do you have a good attendance? If not, why not?

III. Is there a planned agenda for the meeting?

IV. Are the meetings planned carefully so that they are businesslike, interesting, and do not drag on and on?

V. Do the committees report about their work in such a way that the rest of the board is kept in close touch with each committee's thinking? The Board is the one that has final action on all questions.

VI. Is the director's report a picture of the actual work being carried on? Does she use charts, case stories, demonstrations, etc., which help to give this?

VII. What educational material is offered at each meeting other than reports? For example:

1. Some article in a current magazine on public health
2. Report on some meeting attended
3. An occasional outside speaker such as the health officer, community chest executive, state health representative, etc.

D. RELATIONSHIP TO PROFESSIONAL STAFF

I. Is the nurse executive an ex-officio member of the board and all committees?

II. Does she attend throughout meetings and give the board the benefit of her professional knowledge? (Board Members' Manual p. 55.)

E. RELATIONSHIP TO COMMUNITY

I. Is your board representative of the community?

II. Is there board representation on the Council of Social Agencies? If so, does the board member as well as the professional worker report back to the board about meetings attended?

III. Is there an all-year-round publicity program being carried on? Has the publicity committee studied the course on Publicity which was outlined this year in the Magazine (See Board Members' Forum, PUBLIC HEALTH NURSING, September 1932, through May 1933.)

IV. Is the health officer represented on your medical advisory committee?

V. Is there close coöperation with all the health agencies in the community in order to prevent overlapping or duplication of effort?

MONEY RAISERS

Recently, the editors were looking over a group of annual reports of visiting nurse associations and they came across the following items listed as sources of income in the Hingham (Mass.) Visiting Nurse Association:

John A. Andrew House
Thrift Shop
Garden Day

Agog with curiosity, they wrote to the president of the Association begging to know "what —how—and how much." We have had this gracious reply from Mrs. W. A. Dwiggins, the president:

"The John A. Andrew House is a small Community House built a number of years ago as a memorial to John A. Andrew, a former Governor of Massachusetts, by his granddaughter, and maintained by her up until two or three years ago when she presented it to the Visiting Nurse Association. It serves us as headquarters for our various activities — well-baby conferences, educational meetings, board meetings, and the Thrift Shop. The problem of its maintenance alarmed us at first, since we are a one-nurse organization with a small budget. But other organizations in town have used its facilities, paying us a small rent, and this year we covered running expenses for the first time. The house is not a money-making feature except as it provides us with headquarters and enables us to carry on the Thrift Shop without 'overhead.'

The Thrift Shop receives gifts of household articles and clothing, mostly second hand, which it resells at modest prices to people who are glad of the chance

to be thrifty. The material is collected and the shop is kept by board members in turn, so there is no expense, and, in this first six months of its existence, it has proved a good income maker.

Garden Day has been a regular feature and good income maker for ten years. Eight or ten of Hingham's lovely gardens are thrown open to the public on a certain day. The plan is widely advertised, transportation is provided through the gardens, and people come from miles around, paying a dollar for the privilege. We sell lunch or tea and sometimes garden accessories. Last year board members raised a large quantity of annuals in hot-beds, cold-frames, home greenhouses, etc., and we sold them in boxes of a dozen, displayed in one of the gardens. They sold easily and well. Garden Day itself is not so lucrative as it was in the beginning, owing to its having become so popular in this part of the world that almost every day is Garden Day in some nearby town, and there are not visitors enough to go round! But we expect to incorporate the Plant Sale in some form of Garden Party again this year."

THE 1933 CONTEST

This year the annual contest conducted by this magazine will be for the best radio sketch presenting the whole subject of public health nursing or any phase of it. The sketch may be in the form of a dialogue, a dramatic sketch, a playlet, a story, or a recitation of any kind; it may concern one patient or many, the preventive or curative side of the work, the state, county, or local program—*but it must tell something of importance about public health nursing in a way that will make people listen* and be appropriate for the radio. It must not consume more than 12 minutes to present and therefore should not be longer than 1,500 words, shorter if possible. The contest is open to any one. Individuals may send in as many entries as they wish. The three judges will represent the public health nursing field, the non-professional radio audience, and the radio broadcasting experts.

The contest closes midnight, October 15, 1933, and the winning sketch will be published in our December number. It is hoped that it will also be possible to arrange for broadcasting the winning sketch—either locally or nationally as seems appropriate.

PRIZES:

1st Prize—$20.00 2nd Prize—$10.00 3d Prize—$5.00

Manuscripts signed by a pen name should be sent to Contest Editor, PUBLIC HEALTH NURSING, 450 Seventh Avenue, New York City. They should be accompanied by a sealed envelope containing pen name and real name and address of the author.

COMING!

In July, an important article on the New York State Nurse Relief Plan by Marion H. Sheahan, Director, Division of Public Health Nursing, New York State Department of Health.

SCHOOL  HEALTH

CHILDHOOD TUBERCULOSIS

Questions and Answers for the School Nurse

Many school nurses find it difficult to explain to teachers and parents what childhood tuberculosis is and the significance of the tuberculin test, X-ray, etc. Some of the questions that are most frequently asked the nurse are given below with the answers in simple terms.

1. What is childhood tuberculosis?

Childhood type tuberculosis, also called primary pulmonary tuberculosis, designates the early lesions in the lungs and associated lymph nodes that result from a first infection of the pulmonary tissue with tubercle bacilli.

As a result of this first infection the tissues become sensitive to tubercle bacilli. The sensitivity is revealed by the tuberculin test. The primary lesion or lesions tend to heal and calcify. When calcified they may be seen as characteristic shadows on the X-ray film, though some lesions are so small or so hidden by other structures as to escape detection. The prognosis of childhood type of tuberculosis is good—it seldom if ever causes death. When reinfection takes place in a body that has been previously sensitized, tuberculosis of the adult type (consumption) may develop.

2. How is it different from the adult type of tuberculosis?

The childhood type of tuberculosis differs from the adult type (that most commonly understood as tuberculosis or "consumption") in two major respects: it affects the glands and does not produce the symptoms of illness which generally accompany the adult type. The latter is a destructive disease of the lung tissue.

3. At what age do children get childhood tuberculosis?

At any age. Adults may also get this first infection type of the disease.

4. Who are most apt to get it?

Those who are in contact with adults who have active tuberculosis and are discharging bacilli from the mouth, or they may receive the infection through milk from tuberculous cattle. Coughing and sneezing into the face of a child, careless spitting so that the child comes into direct contact with the sputum or through contaminated playthings, and kissing, are the most common means of transferring the germs from one person to another.

5. What are the symptoms?

Symptoms are generally absent. In fact, overweight children have been found with the childhood type of tuberculosis. Fatigue, nervousness, loss of weight, cough, and a slight elevation of temperature in the afternoon, may be present.

6. How can we tell if a child has childhood tuberculosis?

By the tuberculin test and X-ray examination, principally.

7. What is a tuberculin test?

A tuberculin test is a skin test (administered like the Schick test for diphtheria) in which a small amount of tuberculin is injected in the forearm between the layers of the skin. Tuberculin is a solution containing the by-products of the tubercle bacillus but no live organisms.

8. What does it show?

If the skin becomes red after 48 hours, it means that the test is positive, and indicates the presence (at some time) of the tubercle bacillus in the body. The reaction may be explained by comparing it with the reaction of hay fever patients to certain proteins, such as are found in ragweed, goldenrod, etc. It indicates a sensitivity (allergy) of the child to the protein in tuberculin caused by the previous presence of the same substance from the tubercle bacillus.

If negative, it shows the absence of the bacillus in the body. This does not, however, mean that the child would not react if it got the germs into its body later on.

9. Why is an X-ray necessary?

While the tuberculin test shows whether or not tuberculosis infection is present, the X-ray helps to determine the extent of the infection.

10. What does it show?

If the tuberculin test is positive and the X-ray negative, it shows that the child has been infected but that no discoverable damage has been done to the body tissues.

If the child has the childhood type of disease, not only will it react positively to the skin test, but the X-ray will show changes in the tissue, notably in the tracheo-bronchial glands.

11. Is a physical examination by a physician also necessary?

Yes. A careful examination by a physician is necessary for those children who show evidence of tuberculous infection through the tuberculin test and X-ray. The past history of the child and of the family should also be given consideration and will help the physician in making the diagnosis and determining the treatment.

12. What is the treatment for childhood tuberculosis?

The treatment of childhood tuberculosis depends upon the physician. The extent of involvement of tissue, the child's general physical condition, the presence of an open (expectorating) case of tuberculosis in the home, and the economic condition of the family are determining factors. In general, prevention of further intake of germs (this necessitates finding the open case or infected milk supply from whence the infection came), rest, diet, control of exercise, and general hygiene are the basic features in treatment. Preventorium care may be necessary to provide this treatmnt when conditions at home or at school cannot be adjusted.

13. How often should a child who has shown evidence of childhood tuberculosis be examined?

As often as the attending physician recommends.

14. If a child who has been exposed to active tuberculosis gives no evidence of childhood tuberculosis upon examination, does this mean that he does not need further care and supervision?

No. The presence of an active case is always a potential hazard to a child, and he should be kept under supervision and examined at regular intervals.

15. How can the school nurse assist in the childhood tuberculosis program?

By assisting the physician in making the examination (having equipment on hand for tuberculin testing, assisting with X-ray examination, weighing children, etc.)

By obtaining adequate family histories on all children.

By interpreting the significance of diagnostic procedures (skin test, X-ray, periodic examination, etc.) to parents and teachers.

By reading the tuberculin test.

By keeping adequate records.

By assisting the teacher in securing and maintaining a healthful classroom environment.

By encouraging periodic examinations of teachers.

By coöperating with other community public health nurses in securing examination and supervision of all members of the family.

By explaining to parents and teachers the relationship of the fundamental principles of personal hygiene to the control and prevention of infection and disease.

By keeping abreast of new developments in the tuberculosis field.

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Opie, Eugene L. Recognition and Control of Tuberculosis of Childhood. *American Journal of Public Health*, April 1933.

The National Tuberculosis Association publishes the following leaflets that may be ordered through your own state tuberculosis association:

Childhood Type of Tuberculosis—Diagnostic Aids.
Tuberculosis and the 'Teen Age.
Tuberculin Test.
What is Tuberculin? P. P. Jacobs. Reprinted, *American Journal of Nursing*, December 1932.

SCHOOL NURSES!

Beginning last October it was decided to try the experiment of having a School Health Section in PUBLIC HEALTH NURSING. With the September number, which will be devoted entirely to school health as usual, the year will be up. In order to help them decide on next year's policy, the Editors would like to hear directly from the school nurses themselves in regard to the value of this section. Will each one of you, if you are interested, write in to us—on a postcard if you wish—answering the following questions: Has the School Health Section been of real help to you in your work? Would you like to see it continued another year? Whether it will be continued or not depends on your response. Let us hear from you!

REVIEWS AND BOOK NOTES

Edited by DOROTHY J. CARTER

THE RURAL COMMUNITY

By Dwight Sanderson. Ginn and Company, Boston. Price $4.40.

The twofold purpose of this historical and exhaustive analysis of rural communities is to determine the conditions which make the rural group an essential factor in human society and to aid community workers to base rural community planning on an understanding of rural social organization. Out of the mass of historical data and the comparison of rural structure and life in different lands and times, Dr. Sanderson finds the following common elements which seem to be essential to agricultural life:

1. A locality group of some kind. A prosperous agriculture requires a relatively permanent residence which fosters inevitably an acquaintance and development of common interests in a local area.

2. The areas of association, the locality groups, are defined by certain features of the physical environment.

3. "The rural community acquires a history and tradition which is more or less common to all its people and which in the course of time tends to become a stronger tie than the history of any of its associations based on special interest."

4. "The rural community is bound together by the necessity of defense which may be secured only by collective action."

5. The village center. "Increased wants and the consequent greater division of labor necessitate larger areas for the support of highly specialized and occasional services and, therefore, tend to widen the area of the rural community, and these services tend to center at the point of easiest common access—the village center.

6. A community center of some sort—a parish home, the lodge hall or a community house. "The desire of people for sociability, for recognition and response, forms a bond of the rural community; for even with modern transportation association is easiest and therefore most frequent at the community center."

Much of the argument and supporting data in the text, is to prove Dr. Sanderson's theory that the *locality* group—in city or county—is of primary importance in community planning, but especially in rural community planning. Any undertaking in rural social organization, to be successful, must consider this factor first. The recognition of the various institutions and voluntary associations, which form the chief ties of the rural community, will follow.

Dr. Sanderson clearly defends the theory that the rural community group, is one of the primary social groups in modern civilization. "The ultimate object of the science of sociology is its application to the better social organization of human life. In order to organize there must be a unit of organization, and this must be the functional unit of the common social life, small enough so that all may participate in it and have personal knowledge of the various phases of its life and yet large enough to support the various institutions and agencies necessary for the satisfaction of man's desires. The function of this group is one of correlation and interpretation." No locality offers better opportunity for individual participation in group action and group thinking for the common welfare than does the modern rural community.

The book will appeal chiefly to students and to those interested in rural sociological research. It is analytical in style and follows the case history method of presentation (the case histories being village histories). It offers much interesting reading and is thought-provoking to one who truly desires to understand rural sociology and, through that understanding, improve his own approach to problems of rural community planning.

MARGARET REID.

THE LAST ADAM

By James Gould Cozzens. Harcourt, Brace & Company, New York. Price $2.50.

From the *News Bulletin* of the Social Work Publicity Council comes the following description of one of the recent novels that sallies into the field of public health.

"'The Last Adam' by James Gould Cozzens was the selection of the Book-of-the-Month-Club and is now to be filmed by Fox with Will Rogers as the country doctor, so it is reaching a large public. Dr. Bull is pictured as an easy going, disillusioned old cynic, the only physician in the community and incidentally Board of Health doctor for a ridiculously low stipend. He lets a typhoid epidemic get started by failing to make an important inspection and to recognize the disease at first. His nonagenarian aunt, after visiting one of the patients, tells him what it is—she knows the smell of typhoid. It seems to us that the novel, even though creating sympathy for Dr. Bull as likable and understandable, does a usable service to the whole public health movement, for between the lines shows through a convincing argument for organized, well-paid health work as life-saving prevention. With care, this community tragedy shown dramatically step by step would never have happened."

WHAT TO TELL THE PUBLIC ABOUT HEALTH

Prepared and published by the American Public Health Association, 450 Seventh Avenue, New York. Price $2.00.

This book is designed for the use of health officers or directors of health instruction in carrying on their health education program. It is made up of short articles which present in simple terms and popular style the facts about the prevention of disease and the promotion of health. The general subjects covered relate to the care of infants and children, cleanliness, diseases, fads and fallacies, food, personal hygiene, public health, etc.

Professor Ira V. Hiscock in the Foreword says "Even if cuts are suffered in health budgets resulting in reduction of work, education must not be neglected. In fact, the less actual service that can be given to a community, the more is the need for community health instruction."

The book is not copyrighted, and permission to use the articles may be secured from the American Public Health Association.

AMERICAN AND CANADIAN HOSPITALS

Edited by James Clark Fifield with the cooperation of the American Hospital Association. Midwest Publishers Company, Minneapolis. Price $10.00.

This volume of some 1500 pages was compiled as a reference book and gives historical, statistical and other information on the hospitals and allied institutions in the United States and its possessions, and in Canada. The Appendix includes brief descriptions of the leading organizations and trust funds dedicated to the control of sickness and health.

Student nurses in a hospital perform about 88 percent as much work as graduates in a given time, according to a recent study conducted by the Department of Studies of the National League of Nursing Education. A graduate nurse, they found, takes 33 minutes, on the average, to give the patient a bath, while the student requires 40 minutes. If the hospital must give baths to 100 patients each day and if the graduate nurse saves seven minutes on each bath, 700 minutes, or nearly twelve hours, are saved by the hospital daily by using the graduate nurse for giving baths.

This study is now available in booklet form as a "Study in the Use of the Graduate Nurse for Bedside Care in the Hospital" and may be purchased from the National League of Nursing Education, 450 Seventh Avenue, New York City for 50 cents.

The second issue of the "Social Work Year Book—1933" has recently been published by the Russell Sage Foundation under the editorship of Fred S. Hall. Following its first appearance in 1929 it has become an indispensable reference of activities and agencies in the social work field. Part I is comprised of descriptive articles by 175 authorities on

the recent progress and present status of the fields of social advance, while Part II lists with brief summary 387 national agencies and 449 state public agencies in the social work or related fields. Price $4.00 from the Russell Sage Foundation, 130 East 22d Street, New York.

Investing in Health presents a summary of the activities in the health field of the Metropolitan Life Insurance Company since 1909, when it first organized a welfare program. Nursing Service, health pamphlets and other educational materials, coöperation with other agencies in special campaigns, demonstrations and research, have all made a marked contribution not only to the welfare of its own policyholders but to the country as a whole.

Hospital Social Service, published by the New York City Hospital Social Service Association, has issued a supplement to its March number devoted entirely to "Cervico-Vaginitis of Gonococcal Origin in Children." This is a report of a study conducted in New York City under the joint auspices of the Bellevue-Yorkville Health Demonstration, the New York City Department of Health, and the New York Tuberculosis and Health Association. The clinical, bacteriological and medical social service aspects of this disease were studied and are presented in detail in this report. The study raises some questions of importance to the public health program and shows the need for further research and deliberation on this subject. May be purchased from the Hospital Social Service Association of New York City, 200 Madison Avenue, New York. Price $2.00.

Health Education in the City of Boston by Ruth I. Parsons and C. E. Turner is now available in pamphlet form. At the request of the Boston Health League a study was made by the Health Education Research Laboratory of the Massachusetts Institute of Technology of the health education activities of the principal health agencies in Boston including the hospitals. This report presents the findings of the study together with recommendations for future developments. Obtained from the Boston Health League.

SCHOOL NURSES!

A new periodical "Spyglass" has recently made its appearance under the aegis of the American Child Health Association. Designed primarily for the use of 5th and 6th grade teachers it will serve as "an instrument which will help children bring into focus with their everyday living and health problems, important and useful information from a wide variety of sources." It will be issued four times a year, 75 cents for the year's subscription; 20 percent discount on quantity orders of 10 or more to one address. From the American Child Health Association, 450 Seventh Avenue, New York.

Education for Healthful Living in the Public Schools of Bellevue-Yorkville shows what can be done in promoting health in a large school system when administrators, teachers, and health consultants get together in a planned program. This monograph written by Nina B. Lamkin, who served as health education consultant, describes the coöperative project carried on by the Board of Education, the Department of Health, and the Bellevue-Yorkville Health Demonstration for the period 1927-1931. The four years experiment not only resulted in increased interest and improvement in health practices but also pointed out the need for further research and planning in regard to such problems as mental health, social hygiene, the teacher's health, and curriculum planning. Fifty-five cents from the Bellevue-Yorkville Health Demonstration, 325 East 38th Street, New York.

A BIBLIOGRAPHY ON SOCIAL HYGIENE

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Venereal Disease Information. United States Public Health Service, Washington, D. C. $.50 per year.

NEWS NOTES

The National League of Nursing Education is holding its thirty-ninth annual convention in Chicago (the Drake Hotel), June 12-16. Of special interest to public health nurses are the meetings on June 13 and 14.

Excerpts from the program follow:

JUNE 12: 2:00-4:30 p. m. Opening Business Session.

8:00 p. m. Opening General Session (Open to the Public)

Invocation, addresses of welcome, greetings from Founders, historical pageant, presentation of Saunders Medal.

JUNE 13: 9:30 a. m.-12:00 m. Open Session conducted by Advisory Council.

Reports of the State Leagues and State Educational Sections. *Organization Problems.*

2:00-4:30 p. m. The Hospital, the Patient, and the Nurse.

Is Student Nursing Service a Real Economy? Rufus Rorem, Chicago.

Evaluation of Nursing Care of Patients, Blanche Pfefferkorn, N.L.N.E. Headquarters.

Administrative Responsibilities of the Superintendent of Nurses in Relation to the Hospital, Daisy D. Urch, California.

The Concern of the American Hospital Association in Nursing Education, Paul Fesler.

8:00 p. m. Adequate Maternal Care (Meeting Open to the Public)

Presiding: M. Helena McMillan.

Is Our Maternity Care Adequate? If Not, Can Nurses Help Improve it? George W. Kesmak, M.D., New York.

JUNE 14: 9:30 a. m.-12:00 m. Symposium on Maternal Care.

The Community Responsibility for Adequate Maternal Care, Hazel Corbin, New York.

2:00-4:00 p. m. Symposium, continued.

The Nurse's Responsibility for Adequate Maternal Care, Anita M. Jones, New York.

4:00-5:00 p. m. Round Table: Problems of the Hospital in Relation to Nursing.

6:30 p. m. Dinner under the auspices of the Central Council for Nursing Education.

The Concern of the Medical School in Nursing Education, A. C. Bachmeyer, M.D., Cincinnati.

Public Responsibility for Schools of Nursing, Michael M. Davis, Chicago.

JUNE 15: 8:30-11:00 a. m. Instructors' Section: Some Recent Studies.

11:00 a. m.-12:30 p. m. Clinical and Classroom Instruction.

2:00-4:30 p. m. Schools of Nursing.

JUNE 16: 9:30 a. m.-12:00 m. The Nursing Care of Patients in State Mental Hospitals.

2:00 p. m. Closing Business Session.

JUNE 17: Special Conference of State Boards of Nurse Examiners.

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A three-day training course for camp counselors is offered by the Children's Welfare Federation of New York City

from June 22nd to 25th at Northover Camp, Bound Brook, New Jersey. Karl D. Hesley, Director of Social Activities, Henry Street Settlement, will be the director and will be assisted by an experienced group of trained leaders. In addition to instruction and practice various camp activities, general assemblies and seminars will be held to discuss camp policies; responsibilities of counselors; essentials of good housekeeping in camp; health and first aid; social problems of children; and the spiritual values of camp life. Registration fee of $12.00 covers lodging, food and tuition for three days. For program and detailed information write to M. Alice Asserson, M.D., Children's Welfare Federation, 386 Fourth Avenue, New York City.

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Women members of the nursing profession will be interested in the two-day Institute of Occupations which will be a feature of the Biennial Convention of the National Federation of Business and Professional Women's Clubs at the Hotel Stevens, Chicago, July 9-15. Through this Institute the Federation is making a survey of trends in thirty major occupations. Outstanding speakers in each vocation will report upon the status of women in their field, indicate the opportunities which exist for the beginner and the experienced worker and suggest the outlook for the future. The field of nursing will be one of those included, some of the others being advertising and promotion, aviation, finance, home economics, insurance, journalism, law, library work, radio, secretarial work, social work, and teaching. The occupational round tables are open to anyone who is interested. Those who are not members of the Federation will be charged a nominal fee.

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A very successful annual meeting of the three New Jersey state nursing organizations was held in Camden April 20-22 with Dr. C.-E. A. Winslow as one of the guest speakers. The following new officers of the S.O.P.H.N. were elected:

Vice-President—Gertrude Eckhardt.
Corresponding Secretary — Marion Lockwood
Directors—Harriet Cook, Emma McLeod, Linda Meirs, Theresa K. Guthrie
Chairmen of Sections—Industrial Nursing, Mrs. Jennie Bauer; School Nursing, Lulu P. Dilworth; Lay Members, Mrs. Arthur Van Vechten.

Miss Mary Edgecomb continues as President of the S.O.P.H.N.

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ADDITIONAL SUMMER COURSES

The summer session at the Trenton State Teachers College will be held again this year. A course in school nursing and two courses in health education will be offered.

Indiana University, Bloomington, Indiana, is holding a summer session June 14-August 9. Courses in Nursing Education and Principles of Public Health Nursing are being offered.

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RECENT APPOINTMENTS

Mrs. Abbie Roberts Weaver as Instructor at the summer session of Indiana University.

Edith L. Olson as Director of the Madison, Wisconsin, Visiting Nurse Association.

REMEMBER THE COUNTY FAIR!

Now is the time to begin planning for the county fair. Two reprints are available from the N.O.P.H.N.—the "County Nurse and the County Fair" and Topic VII of the Publicity Study Program appearing in March, 1933, on "Exhibits." (Includes county fairs and bibliography.) Each 10 cents.